#### Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 1 of 50

| Fill in this information to identify your c                            |   |                                    |
|--|---|------------------------------------|
| United States Bankruptcy Court for the:  NORTHERN DISTRICT OF ILLINOIS |   |                                    |
| Case number (if known):  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Identify Yourself

|                                       |              | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): |
|---------------------------------------|--------------|--|---|
| I. Your full name                     |              |  |   |
| Write the name government-issu        | •            | Richard  |   |
| identification (fo                    | r example,   | First Name                                     | First Name                                    |
| your driver's lice passport).         | ense or      | E.<br>Middle Name                              | Middle Name                                   |
| ,,                                    |              | Smith  |   |
| Bring your pictur                     |              | Last Name                                      | Last Name                                     |
| identification to y with the trustee. | your meeting | III Suffix (Sr., Jr., II, III)                 | Suffix (Sr., Jr., II, III)                    |
| . All other names                     | s you        |  |   |
| have used in th<br>years              | e last 8     | First Name                                     | First Name                                    |
| Include your ma                       | rried or     | Middle Name                                    | Middle Name                                   |
| maiden names.                         |              | Last Name                                      | Last Name                                     |
| . Only the last 4                     | digits of    |  |   |
| your Social Sec                       |              | xxx - xx - <u>8</u> <u>4</u> <u>5</u> <u>7</u> | xxx - xx                                      |
| number or fede<br>Individual Taxp     |              | OR   | OR  |
| Identification n                      | -            | 9xx - xx                                       | 9xx - xx                                      |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 2 of 50

| Debtor 1 Richard E. Smith, III |  | I   | Case number (if known)  |  |  |
|--------------------------------|--|---|---|--|--|
|                                |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
| 4.                             | Any business names<br>and Employer<br>Identification Numbers | ✓ I have not used any business names or EIN:  | s.  |  |  |
|                                | (EIN) you have used in<br>the last 8 years                   | Business name   | Business name   |  |  |
|                                | Include trade names and                                      | Business name   | Business name   |  |  |
|                                | doing business as names                                      | Business name   | Business name   |  |  |
|                                |  | EIN — — — — — — — —   | EIN   |  |  |
|                                |  |   |   |  |  |
|                                |  | EIN   | EIN   |  |  |
| 5.                             | Where you live   |   | If Debtor 2 lives at a different address:   |  |  |
|                                |  | 823 Maple Ave.  |   |  |  |
|                                |  | Number Street   | Number Street   |  |  |
|                                |  |   |   |  |  |
|                                |  |   |   |  |  |
|                                |  | Lisle IL 60532  |   |  |  |
|                                |  | City State ZIP Code   | City State ZIP Code   |  |  |
|                                |  | DuPage<br>County  | County  |  |  |
|                                |  | If your mailing address is different from   |   |  |  |
|                                |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address. |  |  |
|                                |  | Number Street   | Number Street   |  |  |
|                                |  |   |   |  |  |
|                                |  | P.O. Box  | P.O. Box  |  |  |
|                                |  | City State ZIP Code   | City State ZIP Code   |  |  |
| 6.                             | Why you are choosing   | Check one:  | Check one:  |  |  |
|                                | this district to file for<br>bankruptcy                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                              |  |  |
|                                |  | I have another reason. Explain. (See 28 U.S.C. § 1408.)   | I have another reason. Explain. (See 28 U.S.C. § 1408.)   |  |  |
|                                | lore 2: Tall the Court Al                                    | acut Vaur Bankrumta- Casa   |   |  |  |
| F                              | art 2: Tell the Court Al                                     | oout Your Bankruptcy Case   |   |  |  |
| 7.                             | The chapter of the Bankruptcy Code you                       | Check one: (For a brief description of each, see North Bankruptcy (Form 2010)). Also, go to the top of  | otice Required by 11 U.S.C. § 342(b) for Individuals Filing f page 1 and check the appropriate box.   |  |  |
|                                | are choosing to file<br>under                                | Chapter 7   |   |  |  |
|                                |  | Chapter 11  |   |  |  |
|                                |  | Chapter 12  |   |  |  |
|                                |  | Chapter 13  |   |  |  |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 3 of 50

| Deb | otor 1 Richard E. Smith                         | , III                   | Case number (if known)  |                                    |                                    |  |  |  |
|-----|---|-------------------------|---|------------------------------------|------------------------------------|--|--|--|
| 8.  | How you will pay the fee                        | Ľ                       | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  |                                    |                                    |  |  |  |
|     |   |                         | I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).   |                                    |                                    |  |  |  |
|     |   |                         | I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. |                                    |                                    |  |  |  |
| 9.  | Have you filed for                              |                         | No  |                                    |                                    |  |  |  |
|     | bankruptcy within the last 8 years?             | $\overline{\checkmark}$ | Yes.  |                                    |                                    |  |  |  |
|     |   | Distr                   | ict N. Dist. IL. E. Div.  | When 10/08/2015<br>MM / DD / YYYY  | Case number <u>15-34317</u>        |  |  |  |
|     |   | Distr                   | ict N. Dist. IL. E. Div.  | When 06/19/2009                    | Case number <b>09-22501</b>        |  |  |  |
|     |   | Distr                   | ict N. Dist. II. E. Div.  | When 02/07/2000<br>MM / DD / YYYYY | Case number <u><b>00-03520</b></u> |  |  |  |
| 10. | Are any bankruptcy                              | $\overline{\checkmark}$ | No  |                                    |                                    |  |  |  |
|     | cases pending or being filed by a spouse who is |                         | Yes.  |                                    |                                    |  |  |  |
|     | not filing this case with you, or by a business | Debt                    | or  | Relations                          | hip to you                         |  |  |  |
|     | partner, or by an                               | Distr                   | ict   | When                               | Case number,                       |  |  |  |
|     | affiliate?                                      |                         |   | MM / DD / YYYY                     | if known                           |  |  |  |
|     |   | Debt                    | or  | Relations                          | hip to you                         |  |  |  |
|     |   | Distr                   | ict   | When                               |                                    |  |  |  |
| 11. | Do you rent your residence?                     |                         | No. Go to line 12.<br>Yes. Has your landlord obtained an  | eviction judgment against you?     |                                    |  |  |  |
|     |   |                         | <ul><li>✓ No. Go to line 12.</li><li>✓ Yes. Fill out Initial Staten and file it as part of this b</li></ul>   | nent About an Eviction Judgmen     | t Against You (Form 101A)          |  |  |  |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 4 of 50

| Deb      | tor 1  | Richard E. Smith, III   | Case number (if known) |   |  |  |  |  |                             |                                  |
|----------|--|---|------------------------|---|--|--|--|--|-----------------------------|----------------------------------|
| Pa       | art 3:   | Report About Ar   | ıy Bı                  | usine                                       | sses You Own as a  | Sole Pr  | roprietor  |  |                             |                                  |
| 12.      | -  | a sole proprietor<br>ull- or part-time<br>ss?                                       |                        |   | Go to Part 4.<br>Name and location of bo   | usiness  |  |  |                             |                                  |
|          | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. |   |                        |   | Name of business, if any  Number Street  |  |  |  |                             |                                  |
|          | sole pro   | ave more than one prietorship, use a e sheet and attach it etition.                 |                        |   | City  Check the appropriate  Health Care Busin Single Asset Real Stockbroker (as d Commodity Broke     | ness (as de<br>Estate (as<br>efined in 1<br>er (as defin | efined in 11 U.S.C<br>s defined in 11 U.<br>1 U.S.C. § 101(5 | C. § 101(27A))<br>S.C. § 101(51E<br>3A)) | ZIP Co                      | de                               |
| 13.      | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and<br>are you a <i>small business</i>  |   |                        | set ap                                      | filing under Chapter 11, oppropriate deadlines. If you had ance sheet, statem of these documents do no | ou indicate<br>ent of ope                                | e that you are a s<br>rations, cash-flow                     | mall business of statement, an           | debtor, you<br>d federal in | must attach your come tax return |
|          | debtor?  | $   \sqrt{} $   | No.                    | I am not filing under Ch                    | napter 11.   |  |  |  |                             |                                  |
|          | For a definition of small business debtor, see   |   |                        | No.   | I am filing under Chapt the Bankruptcy Code.   | er 11, but   | I am NOT a small   | business debt                            | tor accordin                | g to the definition in           |
|          | 11 U.S.C. § 101(51D).  |   | Yes.                   | I am filing under Chapt<br>Bankruptcy Code. | er 11 and  | l am a small busi  | ness debtor ac   | cording to th                            | ne definition in the        |                                  |
| Pa       | art 4:   | Report If You Ov  | vn o                   | r Hav                                       | e Any Hazardous F  | roperty  | or Any Prope   | erty That Ne                             | eds Imm                     | ediate Attention                 |
| pı<br>al | property<br>alleged<br>immine  | own or have any<br>y that poses or is<br>to pose a threat of<br>nt and identifiable |                        | No<br>Yes.                                  | What is the hazard?  |  |  |  |                             |                                  |
|          | safety?<br>any pro   | to public health or Or do you own perty that needs ate attention?                   |                        |   | If immediate attention i   | s needed,  | why is it needed?  |  |                             |                                  |
|          | perishal<br>livestoci  | mple, do you own<br>ble goods, or<br>k that must be fed, or<br>ng that needs urgent |                        |   | Where is the property?   | Number   | Street   |  |                             |                                  |
|          |  |   |                        |   |  | City   |  |  | State                       | ZIP Code                         |

Debtor 1 Richard E. Smith, III Case number (if known)

#### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| credit counseling because of: |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|
| ☐ Incapacity.                 | I have a mental illness or a mental deficiency that makes me |  |  |  |  |

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required | to receive | a briefing | about |
|-------------------|------------|------------|-------|
| credit counseling | because o  | of:        |       |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 6 of 50

| Debtor 1                            |  | Richard E. Smith, II   | l     | Case number (if known)   |        |  |       |  |  |
|-------------------------------------|--|--|-------|--|--------|--|-------|--|--|
| P                                   | art 6:   | Answer These C   | uesti | ons for Reporting Pเ   | ırpos  | ses  |       |  |  |
| 16. What kind of debts do you have? |  |  | 16a.  | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  ✓ Yes. Go to line 17. |        |  |       |  |  |
| n<br>[                              |  | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17. |       |  |        |  |       |  |  |
|                                     |  |  | 16c.  | State the type of debts y  | ou ow  | e that are not consumer or bu  | sines | s debts.   |  |
| 17.                                 | Are you  | u filing under<br>r 7?   |       | No. I am not filing under  | r Chap | ter 7. Go to line 18.  |       |  |  |
|                                     | any exc<br>exclude<br>admini<br>are pai<br>availab | estimate that after empt property is ed and strative expenses d that funds will be le for distribution ecured creditors?   |       | -  | •      | •  | -     | xempt property is excluded and to distribute to unsecured creditors?   |  |
| 18.                                 |  | any creditors do<br>timate that you  |       | 1-49<br>50-99<br>100-199<br>200-999  |        | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   |       | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |  |
| 19.                                 |  | uch do you<br>te your assets to<br>th?   |       | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   |        | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million |       | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |  |
| 20.                                 |  | uch do you<br>te your liabilities to   |       | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   |        | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million |       | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |  |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 7 of 50

| Debtor 1 | Richard E. Smith, III |  | Case number (if known)  |  |  |  |
|----------|-----------------------|--|---|--|--|--|
| Part 7:  | Sign Below            |  |   |  |  |  |
| or you   |                       | I have examined this petition, and I declare und and correct.  | er penalty of perjury that the information provided is true   |  |  |  |
|          |                       | • • •  | vare that I may proceed, if eligible, under Chapter 7, 11, 12, and the relief available under each chapter, and I choose to |  |  |  |
|          |                       | If no attorney represents me and I did not pay o fill out this document, I have obtained and read            | r agree to pay someone who is not an attorney to help me the notice required by 11 U.S.C. § 342(b).                         |  |  |  |
|          |                       | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |   |  |  |  |
|          |                       | •  | ing property, or obtaining money or property by fraud in fines up to \$250,000, or imprisonment for up to 20 years, 71.     |  |  |  |
|          |                       | X /s/ Richard E. Smith, III Richard E. Smith, III, Debtor 1  | Signature of Debtor 2   |  |  |  |
|          |                       | Executed on <b>04/17/2018</b>  | Executed on   |  |  |  |

 $\overline{\mathsf{MM}/\mathsf{DD}/\mathsf{YYYY}}$ 

MM / DD / YYYY

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 8 of 50

| Debtor 1  | Richard E. Smith, III |  |                                  | Case number (if I        | know   | n)                           |  |
|---|-----------------------|--|----------------------------------|--------------------------|--------|------------------------------|--|
| For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need to file this page. |                       | I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect. |                                  |                          |        |                              |  |
|   |                       | X /s/ Claudia F<br>Signature of At   | T. Badillo<br>ttorney for Debtor |                          | Date   | 04/17/2018<br>MM / DD / YYYY |  |
|   |                       | Claudia F. Ba<br>Printed name<br>Badillo Law<br>Firm Name<br>8745 W. Higg<br>Number<br>Suite 110   | Group, P.C.                      |                          |        |                              |  |
|   |                       | Chicago<br>City  |                                  | IL<br>State              |        | 60631<br>ZIP Code            |  |
|   |                       | Contact phone  | (773) 716-7736                   | Email address <b>b</b> a | adillo | olawyer@gmail.com            |  |
|   |                       | 6294992<br>Bar number  |                                  | IL<br>State              |        | _                            |  |

Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 9 of 50

| Fill in this in                          | nformation to i  | dentify your case                              | and this filing:  |   |                                |
|--|--|--|---|---|--------------------------------|
| Debtor 1                                 | Richard  | E.   | Smith, III  |   |                                |
|  | First Name   | Middle Name                                    | Last Name   |   |                                |
| Debtor 2<br>(Spouse, if filing           | g) First Name  | Middle Name                                    | Last Name   |   |                                |
| United States B                          | ankruptcy Court for  | r the: <b>NORTHERN D</b>                       | DISTRICT OF ILLINOIS  |   |                                |
| Case number                              |  |  |   | ☐ Chack   | if this is an                  |
| (if known)                               |  |  |   | _   | led filing                     |
| Official Forr                            | n 106A/B   |  |   |   |                                |
|  | VB: Property   | у  |   |   | 12/15                          |
| filing together, be<br>sheet to this for | ooth are equally rem<br>m. On the top of a                   | sponsible for supplyi<br>nny additional pages, | Be as complete and accurate as ping correct information. If more write your name and case numbers, Land, or Other Real Es | space is needed, attach a<br>per (if known). Answer eve | separate<br>ry question.       |
| ☑ No. Go                                 | n or have any legal<br>to to Part 2.<br>Where is the propert | •  | t in any residence, building, land  | I, or similar property?                                 |                                |
|  | -  | -  | of your entries from Part 1, incluive that number here  |   | \$0.00                         |
| Part 2: D                                | escribe Your V   | ehicles  |   | ·   |                                |
|  |  |  | n any vehicles, whether they are also report it on Schedule G: Exec   |   |                                |
| 3. Cars, vans,                           | trucks, tractors, s  | sport utility vehicles,                        | motorcycles   |   |                                |
| □ No<br>☑ Yes                            |  |  |   |   |                                |
| 3.1.                                     | Pontiac  | Who has<br>Check on                            | an interest in the property?  | Do not deduct secured clai                              | · ·                            |
| Make:<br>Model:                          | Grandam  | <del></del>                                    | or 1 only   | Creditors Who Have Claim                                |                                |
| Year:                                    | 2003   | Debto  | or 2 only   | Current value of the                                    | Current value of the           |
| Approximate mile                         | eage: <b>100,000</b>   |  | or 1 and Debtor 2 only ast one of the debtors and another   | entire property?<br>\$4,000.00                          | portion you own?<br>\$4,000.00 |
| Other information                        |  |  | st one of the deptors and another   | <del>\$4,000.00</del>                                   | <del></del>                    |
| 2003 Pontiac (<br>100000 miles)          | Grandam (approx  |  | k if this is community property nstructions)  |   |                                |
|  |  |  | recreational vehicles, other veh  |   |                                |
| ✓ No<br>☐ Yes                            | ,  | ,,,  | , ,   | ,   |                                |
|  | -  | -  | of your entries from Part 2, inclurite that number here   |   | \$4,000.00                     |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 10 of 50

| Deb | tor 1              | Richard E. Smith, III  | Case number (if known)          |   |
|-----|--------------------|--|---------------------------------|---|
| Pa  | art 3:             | Describe Your Personal and Household Items   |                                 |   |
| Doy | ou own             | or have any legal or equitable interest in any of the following items?   |                                 | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6.  | Examp              | nold goods and furnishings<br>les: Major appliances, furniture, linens, china, kitchenware   |                                 |   |
|     | ☐ No<br>✓ Yes      | s. Describe Misc. household furniture including bedroom set, on home appliances  | Jining room set, and misc.      | \$800.00  |
| 7.  | Electro<br>Example | <ul> <li>Inics</li> <li>Ies: Televisions and radios; audio, video, stereo, and digital equipment; commusic collections; electronic devices including cell phones, cameras, me</li> </ul>                 | •                               |   |
|     | ☐ No<br>✓ Yes      | s. Describe Misc. home electronics including television sets, ralaptop computer.   | adio, cellular phones and       | \$600.00  |
| 8.  |                    | <ul><li>ibles of value</li><li>les: Antiques and figurines; paintings, prints, or other artwork; books, picture<br/>stamp, coin, or baseball card collections; other collections, memorabilia,</li></ul> | •                               |   |
|     | ✓ No<br>☐ Yes      | s. Describe  |                                 |   |
| 9.  |                    | nent for sports and hobbies  les: Sports, photographic, exercise, and other hobby equipment; bicycles, pocanoes and kayaks; carpentry tools; musical instruments   | ool tables, golf clubs, skis;   |   |
|     | ✓ No<br>☐ Yes      | s. Describe  |                                 |   |
| 10. | Firearn<br>Example | ns les: Pistols, rifles, shotguns, ammunition, and related equipment   |                                 |   |
|     | ✓ No<br>☐ Yes      | s. Describe  |                                 |   |
| 11. | Clothe:<br>Example | s les: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  | 3                               |   |
|     | ☐ No ✓ Yes         | s. Describe Normal and necessary clothing  |                                 | \$100.00  |
| 12. | Jewelry<br>Example | y //es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, he gold, silver  | eirloom jewelry, watches, gems, |   |
|     | ✓ No<br>☐ Yes      | s. Describe  |                                 |   |
| 13. |                    | rm animals<br>les: Dogs, cats, birds, horses   |                                 |   |
|     | ✓ No               | s. Describe  |                                 |   |
| 14. | Any otl            | her personal and household items you did not already list, including any<br>list   | <i>ı</i> health aids you        |   |
|     |                    | s. Give specific   |                                 |   |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 11 of 50

| Debtor 1 |                 | Richard E. Sm   | ith, III  |                                 | Case number (if known)  |  |
|----------|-----------------|---|---|---------------------------------|---|--|
| 15.      |                 |   | •   |                                 | entries for pages you have  | \$1,500.00   |
| P        | art 4:          | Describe Yo   | our Financial Ass                               | ets                             |   |  |
| Do       | you own         | or have any lega  | al or equitable interes                         | st in any of the following      | j?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16.      | Cash<br>Example | les: Money you ha   | ave in your wallet, in yo                       | our home, in a safe depos       | sit box, and on hand when you file your   |  |
|          | ✓ No<br>☐ Yes   | S   |   |                                 | Cash:   |  |
| 17.      | -               | •   | uses, and other simila                          | •                               | f deposit; shares in credit unions, multiple accounts with the same               |  |
|          | □ No<br>✓ Yes   | S   | Institutio                                      | n name:                         |   |  |
|          | 17              | .1. Checking ac   | ccount: Checki                                  | ng account with Bank            | of America  | \$100.00   |
| 18.      |                 |   | r publicly traded stoo                          | ks<br>ith brokerage firms, mone | ey market accounts  |  |
|          | ✓ No<br>☐ Yes   | 3   | . Institution or issue                          | r name:                         |   |  |
| 19.      | -               | -   | ck and interests in in<br>artnership, and joint | •                               | porated businesses, including   |  |
|          | info            | s. Give specific<br>ormation about<br>m                     | . Name of entity:                               |                                 | % of ownership:   |  |
| 20.      | Negotia         | able instruments in   | nclude personal check                           |                                 | otiable instruments issory notes, and money orders. y signing or delivering them. |  |
|          | info            | s. Give specific ormation about m                           | . Issuer name:                                  |                                 |   |  |
| 21.      |                 | nent or pension a<br>les: Interests in IR<br>profit-sharing | RA, ERISA, Keogh, 40                            | 1(k), 403(b), thrift savings    | accounts, or other pension or   |  |
|          | بخا             | s. List each count separately.                              | Type of account:                                | Institution name:               |   |  |
|          |                 |   | 401(k) or similar plan                          | n: <b>401(k)</b>                |   | \$34.00  |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 12 of 50

| Deb | tor 1 Richard E. Smit  | h, III   | Case number (if ki  | nown)            |   |
|-----|--|--|---|------------------|---|
| 22. |  | eposits you have made so tha                             | at you may continue service or use from a com<br>lic utilities (electric, gas, water), telecommunio |                  |   |
|     | ✓ No ☐ Yes   | Institution  | name or individual:   |                  |   |
| 23. | <b>☑</b> No  |  | f money to you, either for life or for a number o   | of years)        |   |
| 24. | Interests in an education  |  | ո։<br>ified ABLE program, or under a qualified st   | ate tuition pro  | ogram.  |
|     | 26 U.S.C. §§ 530(b)(1), 529  |  |   |                  |   |
|     | ☐ Yes  | Institution name and descrip                             | otion. Separately file the records of any interest  | sts. 11 U.S.C.   | . § 521(c)  |
| 25. | Trusts, equitable or future powers exercisable for your No                       |  | r than anything listed in line 1), and rights o   | or               |   |
|     | Yes. Give specific information about them  | ١  |   |                  |   |
| 26. |  | emarks, trade secrets, and con names, websites, proceeds | other intellectual property;<br>from royalties and licensing agreements                             |                  |   |
|     | <ul><li>✓ No</li><li>✓ Yes. Give specific information about them</li></ul>       | 1  |   |                  |   |
| 27. |  |  | ative association holdings, liquor licenses, pro  | fessional licen  | ses   |
| Mor | ney or property owed to yo   | ıu?  |   |                  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you  |  |   |                  |   |
|     | <ul><li>✓ No</li><li>✓ Yes. Give specific info about them, including v</li></ul> |  |   | Federa           | l:  |
|     | you already filed the re and the tax years                                       |  |   | State:<br>Local: |   |
| 29. | Family support  Examples: Past due or lum  | np sum alimony, spousal supp                             | port, child support, maintenance, divorce settle  | ement, propert   | y settlement  |
|     | ✓ No ☐ Yes. Give specific info   | ormation   | Alimo   | ony:             |   |
|     |  |  | Main  | tenance:         |   |
|     |  |  | Supp  | ort:             |   |
|     |  |  |   | rce settlement   |   |
|     |  |  | Prop  | erty settlemen   | t:  |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 13 of 50

| Deb | tor 1 Richard E. Smith, III  | Case number (if known)                            |   |
|-----|--|---|---|
| 30. | Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability compensation, Social Security benefits; unpaid loans to  |   |   |
|     | <ul><li>✓ No</li><li>✓ Yes. Give specific information</li></ul>  |   |   |
| 31. | Interests in insurance policies  Examples: Health, disability, or life insurance; health savings according to the control of t | ount (HSA); credit, homeowner's, or renter's inst | urance  |
|     | No  Yes. Name the insurance company of each policy and list its value Company name:  | Beneficiary:                                      | Surrender or refund value:  |
| 32. | Any interest in property that is due you from someone who hat If you are the beneficiary of a living trust, expect proceeds from a entitled to receive property because someone has died   |   |   |
|     | <ul><li>✓ No</li><li>✓ Yes. Give specific information</li></ul>  |   |   |
| 33. | Claims against third parties, whether or not you have filed a la<br>Examples: Accidents, employment disputes, insurance claims, or   |   |   |
|     | <ul><li>No</li><li>✓ Yes. Describe each claim Potential Worker's Comp</li></ul>  | pensation case. Date of injury 1/17/18            | Unknown   |
| 34. | Other contingent and unliquidated claims of every nature, incl<br>rights to set off claims   | uding counterclaims of the debtor and             |   |
|     | ✓ No  Yes. Describe each claim   |   |   |
| 35. | Any financial assets you did not already list  |   |   |
|     | <ul><li>✓ No</li><li>✓ Yes. Give specific information</li></ul>  |   |   |
| 36. | Add the dollar value of all of your entries from Part 4, includin attached for Part 4. Write that number here  |   | \$134.00  |
| Pa  | art 5: Describe Any Business-Related Property You  | u Own or Have an Interest In. List ar             | ny real estate in Part 1.   |
| 37. | Do you own or have any legal or equitable interest in any busi   | iness-related property?                           |   |
|     | <ul><li>✓ No. Go to Part 6.</li><li>✓ Yes. Go to line 38.</li></ul>  |   |   |
|     |  |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. | Accounts receivable or commissions you already earned  |   |   |
|     | ✓ No ☐ Yes. Describe   |   |   |
| 39. | Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printed desks, chairs, electronic devices   | ers, copiers, fax machines, rugs, telephones,     |   |
|     | ✓ No ☐ Yes. Describe   |   |   |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 14 of 50

| Deb | tor 1 Richard E. Smith, III   | Case number (if known)   |
|-----|---|--|
| 40. | Machinery, fixtures, equipment, supplies you use in bus   | iness, and tools of your trade   |
|     | ✓ No ☐ Yes. Describe  |  |
| 41. | Inventory   |  |
|     | ✓ No ☐ Yes. Describe  |  |
| 42. | Interests in partnerships or joint ventures   |  |
|     | ✓ No ☐ Yes. Describe Name of entity:  | % of ownership:  |
| 43. | Customer lists, mailing lists, or other compilations  |  |
|     | No ☐ Yes. Do your lists include personally identifiable inf ☐ No ☐ Yes. Describe                        | ormation (as defined in 11 U.S.C. § 101(41A))?                                     |
| 44. | Any business-related property you did not already list  |  |
|     | ✓ No ☐ Yes. Give specific information.  |  |
| 45. | Add the dollar value of all of your entries from Part 5, incattached for Part 5. Write that number here |  |
| Pa  | Describe Any Farm- and Commercial Figure 16: If you own or have an interest in farmland, if             | shing-Related Property You Own or Have an Interest In.<br>st it in Part 1.         |
| 46. | Do you own or have any legal or equitable interest in an  | y farm- or commercial fishing-related property?                                    |
|     | No. Go to Part 7.  Yes. Go to line 47.  |  |
|     |   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 47. | Farm animals  Examples: Livestock, poultry, farm-raised fish  | ·  |
|     | ✓ No ☐ Yes  |  |
| 48. | Cropseither growing or harvested  |  |
|     | ✓ No ☐ Yes. Give specific information   |  |
| 49. | Farm and fishing equipment, implements, machinery, fix  | tures, and tools of trade  |
|     | ✓ No ☐ Yes  |  |
| 50. | Farm and fishing supplies, chemicals, and feed  |  |
|     | ✓ No ☐ Yes  |  |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 15 of 50

| Debt | tor 1         | Richard E. Smith, III  | Case nu              | umber (if known)             |     |            |
|------|---------------|--|----------------------|------------------------------|-----|------------|
| 51.  | Any fai       | rm- and commercial fishing-related property you did no   | already list         |                              |     |            |
|      |               | s. Give specific prmation  |                      |                              |     |            |
| 52.  |               | e dollar value of all of your entries from Part 6, including ed for Part 6. Write that number here       |                      |                              | •   | \$0.00     |
| Pa   | art 7:        | Describe All Property You Own or Have an In  | terest in That You [ | Did Not List Abov            | 'e  |            |
| 53.  | •             | have other property of any kind you did not already list<br>les: Season tickets, country club membership | ?                    |                              |     |            |
|      | ✓ No<br>☐ Yes | s. Give specific information.  |                      |                              |     |            |
| 54.  | Add the       | e dollar value of all of your entries from Part 7. Write th  | at number here       | <b>.</b>                     | · [ | \$0.00     |
| Pa   | art 8:        | List the Totals of Each Part of this Form  |                      |                              |     |            |
| 55.  | Part 1:       | Total real estate, line 2  |                      |                              | ·   | \$0.00     |
| 56.  | Part 2:       | Total vehicles, line 5   | \$4,000.00           |                              |     |            |
| 57.  | Part 3:       | Total personal and household items, line 15  | \$1,500.00           |                              |     |            |
| 58.  | Part 4:       | Total financial assets, line 36  | \$134.00             |                              |     |            |
| 59.  | Part 5:       | Total business-related property, line 45   | \$0.00               |                              |     |            |
| 60.  | Part 6:       | Total farm- and fishing-related property, line 52  | \$0.00               |                              |     |            |
| 61.  | Part 7:       | Total other property not listed, line 54   | \$0.00               |                              |     |            |
| 62.  | Total p       | personal property. Add lines 56 through 61   | \$5,634.00           | Copy personal property total | +   | \$5,634.00 |
| 63   | Total o       | of all property on Schedule A/B Add line 55 + line 62  |                      |                              |     | \$5 634 00 |

#### Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 16 of 50

|  | ormation to i   |  |  |  |  |   |            |
|--|---|--|--|--|--|---|------------|
| Debtor 1   | Richard<br>First Name   | <b>E.</b><br>Middle Name   | Smith, II  | <u> </u>   | -  |   |            |
| Debtor 2   |   |  |  |  | _  |   |            |
| (Spouse, if filing)  |   | Middle Name  |  | II I INOIC   |  |   |            |
| United States Bar  | nkruptcy Court to   | r the: NORTHE  | RN DISTRICT OF   | ILLINOIS   | -  | Check if this is an   |            |
| Case number (if known)   |   |  |  |  |  | amended filing  |            |
| Official Form  | 106C  |  |  |  |  |   |            |
| Schedule C:  | : The Prope   | erty You Cl  | aim as Exem  | pt   |  |   | 04/16      |
| Using the property   | you listed on <i>Sch</i><br>ill out and attach t  | hedule A/B: Propeto to this page as m  | erty (Official Form 10   | 06A/B) as your s   | source, list the   | esponsible for supplying correct inform<br>e property that you claim as exempt. I<br>ssary. On the top of any additional pa                                       | If more    |
| is to state a specific<br>exempted up to the<br>receive certain be<br>exemption of 100%  | fic dollar amoun<br>ne amount of any<br>enefits, and tax-e<br>% of fair market  | t as exempt. Al<br>applicable state<br>exempt retirement<br>value under a la               | ternatively, you may<br>utory limit. Some e<br>nt fundsmay be ur<br>w that limits the ex   | y claim the full<br>exemptionssu<br>dimited in dolla<br>emption to a pa  | fair market vich as those far amount. Harticular dollar  | you claim. One way of doing so value of the property being for health aids, rights to lowever, if you claim an ar amount and the value of the e statutory amount. |            |
| Part 1: Ide  | mtifu tha Duan  | t V Ol -   | : <b>F</b>   |  |  |   |            |
|  | entity the Prop   | perty You Cla  | im as Exempt   |  |  |   |            |
|  | exemptions are  | -  | Check one only,  | even if your sp  | ouse is filing   | with you.   |            |
| 1. Which set of  ✓ You are o   | exemptions are  | you claiming?<br>d federal nonban  | ·  |  | •  | with you.   |            |
| 1. Which set of You are o  | exemptions are claiming state and claiming federal e  | you claiming?<br>d federal nonban<br>exemptions. 11 L                                      | Check one only, kruptcy exemptions.  | 11 U.S.C. § 52   | 22(b)(3)   |   |            |
| 1. Which set of You are of You are of  | exemptions are claiming state and claiming federal elerty you list on softhe property a   | you claiming? d federal nonban exemptions. 11 U Schedule A/B th and line on                | Check one only,<br>kruptcy exemptions.<br>J.S.C. § 522(b)(2)   | 11 U.S.C. § 52   | 22(b)(3) information to  |   | n          |
| 1. Which set of You are of You are of You are of Por any proposition of  | exemptions are claiming state and claiming federal elerty you list on softhe property a   | you claiming? d federal nonban exemptions. 11 U Schedule A/B th and line on                | Check one only, kruptcy exemptions.  J.S.C. § 522(b)(2)  at you claim as exe  Current value of the portion you                                   | 11 U.S.C. § 52 mpt, fill in the i  | 22(b)(3) information to the course ou claim  | pelow.  | 'n         |
| 1. Which set of You are of A for any proper Brief description of Schedule A/B that  | exemptions are claiming state and claiming federal elerty you list on sof the property at lists this property                                 | you claiming? d federal nonban exemptions. 11 L Schedule A/B th and line on rty            | Check one only, kruptcy exemptions. J.S.C. § 522(b)(2) at you claim as exe Current value of the portion you own                                  | mpt, fill in the Amount of the exemption you cach exemption.   | information keep ou claim  one box for ion  400.00   | pelow.  | on         |
| 1. Which set of You are of You ar | exemptions are claiming state and claiming federal elerty you list on sof the property at lists this property                                 | you claiming? d federal nonban exemptions. 11 L Schedule A/B th and line on rty            | Check one only, kruptcy exemptions. J.S.C. § 522(b)(2) at you claim as exe Current value of the portion you own Copy the value from Schedule A/B | mpt, fill in the  Amount of the exemption you cach exemption  The check only on each exemption each exemption of the exemption you can be exempted to the exemption of the exemp | information be no claim one box for ion  400.00 fair market  | pelow.<br>Specific laws that allow exemptio   | 'n         |
| 1. Which set of  ✓ You are of  You are of  Z. For any proper  Brief description of  Schedule A/B that  | exemptions are claiming state and claiming federal elerty you list on so of the property at t lists this proper                               | you claiming? d federal nonban exemptions. 11 L Schedule A/B th and line on rty            | Check one only, kruptcy exemptions. J.S.C. § 522(b)(2) at you claim as exe Current value of the portion you own Copy the value from Schedule A/B | mpt, fill in the  Amount of the exemption you cach exemption  The check only on each exemption  The check only of each exemption  The check exemption  The | information be no claim one box for ion  400.00 fair market  | pelow.<br>Specific laws that allow exemptio   | o <b>n</b> |
| 1. Which set of You are of You ar | exemptions are claiming state and claiming federal electry you list on so of the property at lists this property arandam (approximate A/B:3.1 | you claiming? d federal nonban exemptions. 11 U Schedule A/B th and line on rty  x. 100000 | Check one only, kruptcy exemptions. J.S.C. § 522(b)(2) at you claim as exe Current value of the portion you own Copy the value from Schedule A/B | mpt, fill in the Amount of the exemption you cach exemption  The check only one each exemption of the exemption you cach exemption of the exem | information kene ou claim one box for ion  400.00 if fair market p to any ole statutory                          | pelow.<br>Specific laws that allow exemptio   | o <b>n</b> |
| 1. Which set of You are of You ar | exemptions are claiming state and claiming federal elerty you list on so of the property at lists this property are A/B:                      | you claiming? d federal nonban exemptions. 11 L Schedule A/B th and line on rty  x. 100000 | Check one only, kruptcy exemptions. J.S.C. § 522(b)(2) at you claim as exe Current value of the portion you own Copy the value from Schedule A/B | mpt, fill in the man Amount of the exemption you have ach exemption of the | information to the ou claim one box for ion  400.00 If fair market p to any ole statutory  600.00 If fair market | pelow.  Specific laws that allow exemption  735 ILCS 5/12-1001(c)   | on         |
| 1. Which set of You are of You ar | exemptions are claiming state and claiming federal elerty you list on so of the property at lists this property arandam (approximate A/B:3.1  | you claiming? d federal nonban exemptions. 11 L Schedule A/B th and line on rty  x. 100000 | Check one only, kruptcy exemptions. J.S.C. § 522(b)(2) at you claim as exe Current value of the portion you own Copy the value from Schedule A/B | ampt, fill in the sexemption you cach exemption  The check only of each ex | information to the ou claim one box for ion  400.00 If fair market p to any ole statutory  600.00 If fair market | pelow.  Specific laws that allow exemption  735 ILCS 5/12-1001(c)   | o <b>n</b> |

☐ Yes

#### Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 17 of 50

Debtor 1 Richard E. Smith, III Case number (if known) Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$600.00 \$600.00 735 ILCS 5/12-1001(b)  $\overline{\mathbf{Q}}$ Misc. home electronics including 100% of fair market television sets, radio, cellular phones and value, up to any applicable statutory laptop computer. limit Line from Schedule A/B: Brief description: \$100.00 \$100.00 735 ILCS 5/12-1001(a), (e) ablaNormal and necessary clothing 100% of fair market value, up to any Line from Schedule A/B: 11 applicable statutory limit Brief description: \$100.00 \$100.00 735 ILCS 5/12-1001(b)  $\overline{\mathbf{Q}}$ **Checking account with Bank of America** 100% of fair market value, up to any Line from Schedule A/B: 17.1 applicable statutory limit Brief description: \$34.00 \$34.00 735 ILCS 5/12-1006 abla401(k) 100% of fair market value, up to any Line from Schedule A/B: 21 applicable statutory limit Brief description: Unknown 820 ILCS 305/21 \$0.00  $\overline{\mathbf{V}}$ Potential Worker's Compensation case. 100% of fair market Date of injury 1/17/18 value, up to any applicable statutory Line from Schedule A/B: 33 limit

#### Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 18 of 50

|   |   |   | _  |  |                           |         |
|---|---|---|--|--|---------------------------|---------|
| Fill in this inf  | ormation to i   | dentify your case   | et .   |  |                           |         |
| Debtor 1  | Richard   | E.  | Smith, III   |  |                           |         |
|   | First Name  | Middle Name   | Last Name  |  |                           |         |
| Debtor 2<br>(Spouse, if filing)   | First Name  | Middle Name   | Last Name  |  |                           |         |
|   |   |   |  |  |                           |         |
| United States Bar   | nkruptcy Court fo   | r the: <b>NORTHERN D</b>  | DISTRICT OF ILLIN  | OIS  |                           |         |
| Case number (if known)  |   |   |  |  | ☐ Check if this is        | s an    |
| (II KIIOWII)  |   |   |  |  | amended filing            | 9       |
| Official Form   | 106D  |   |  |  |                           |         |
| Schedule D:   | Creditors   | Who Have Cla  | ims Secured  | by Property  |                           | 12/15   |
| Correct informatio On the top of any  1. Do any credif  ✓ No. Che  ─ Yes. Fill  Part 1: Lis  2. List all secur  claim, list the  creditor has a  much as poss  creditor's nam | tors have claims that All Secured ed claims. If a correction separate particular claim, ible, list the claim. | e is needed, copy the s, write your name and secured by your produbmit this form to the comation below.  Claims  reditor has more than by for each claim. If molist the other creditors is in alphabetical order. | e Additional Page, fill ad case number (if known perty?  court with your other some secured one than one in Part 2. As raccording to the | Column A Amount of claim Do not deduct the value of collateral | ies, and attach it to thi | s form. |
| Creditor's name   |   | secures the   | e property that claim:   |  |                           |         |
|   |   |   |  |  |                           |         |
| City  Who owes the del Debtor 1 only Debtor 2 only Debtor 1 and D At least one of Check if this of to a community Date debt was inc   | Debtor 2 only<br>the debtors and<br>claim relates<br>ty debt  | Continge Unliquida Disputed Nature of lie An agree Statutory Judgmer Other (in  | ent<br>ated<br>I<br>n. Check all that app  | n as mortgage or secured<br>, mechanic's lien)                 | I car loan)               |         |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$0.00

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 19 of 50

| Fill in this inf  | ormation to i  | dentify your c   | ase:  |  |                                   |                             |
|---|--|--|---|--|-----------------------------------|-----------------------------|
| Debtor 1  | Richard  | E.   | Smith, III  |  |                                   |                             |
|   | First Name   | Middle Name  | Last Name   |  |                                   |                             |
| Debtor 2  |  |  |   |  |                                   |                             |
| (Spouse, if filing)   | First Name   | Middle Name  | Last Name   |  |                                   |                             |
| United States Bar   | nkruptcy Court fo  | r the: <b>NORTHER</b>  | N DISTRICT OF ILLINOIS  |  |                                   |                             |
| Case number (if known)  |  |  |   |  | Check if this is a amended filing | an                          |
| Official Form   | 106E/F   |  |   |  |                                   |                             |
| Schedule E/   | F: Creditor  | s Who Have   | e Unsecured Claims  |  |                                   | 12/15                       |
| Do not include any if more space is not to this page. On the space is not to this page. | y creditors with<br>eeded, copy the<br>he top of any ad        | partially secured<br>Part you need, fi<br>Iditional pages, w | and on Schedule G: Executory Co<br>claims that are listed in Schedule<br>Il it out, number the entries in the<br>rite your name and case number<br>secured Claims | D: Creditors Who Hoboxes on the left. At | old Claims Secur                  | ed by Property.             |
|   |  | y unsecured clair  |   |  |                                   |                             |
| claim. For ea   | ur priority unsec<br>ch claim listed, ic<br>ority and nonprior | dentify what type of<br>rity amounts. As m                   | creditor has more than one priority of claim it is. If a claim has both prior nuch as possible, list the claims in a  | ity and nonpriority amo                  | ounts, list that clain            | m here and<br>or's name. If |
| claim, list the   | other creditors in   | Part 3.  |   |  |                                   |                             |
| (For an explar  | nation of each typ   | e of claim, see the  | e instructions for this form in the inst  | ruction booklet.  Total claim            | Priority amount                   | Nonpriority amount          |
| 2.1   |  |  |   | \$4,000.00                               | \$4,000.00                        |                             |
| Badillo Law Gro   |  |  |   |  | <del></del>                       | \$0.00                      |
| Driority Croditoria Niam  |  |  | I ast 4 digits of account number  |  |                                   | \$0.00                      |
| Priority Creditor's Nam 8745 W. Higgins   | Rd.  |  | Last 4 digits of account number When was the debt incurred?   |  |                                   | \$0.00                      |
| 8745 W. Higgins Number Street   | Rd.  |  | When was the debt incurred?   | 04/10/2018                               | <del>-</del>                      | \$0.00                      |
| 8745 W. Higgins   | s Rd.  |  | When was the debt incurred?  As of the date you file, the claim   |  | -<br>ly.                          | \$0.00                      |
| 8745 W. Higgins Number Street Suite 110   | i Rd.  | 60631  | When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated   |  | -<br>ly.                          | \$0.00                      |
| 8745 W. Higgins Number Street   | IL<br>State  | ZIP Code   | When was the debt incurred?  As of the date you file, the claim Contingent  | is: Check all that app                   | -<br>ly.                          | \$0.00                      |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 20 of 50

| Debtor 1                     | Richard E. S                                   | Smith,      | III                        |  | Case number (if know | n)              |                    |
|------------------------------|--|-------------|----------------------------|--|----------------------|-----------------|--------------------|
| Part 1:                      | Part 1: Your PRIORITY Unsecured Claims Con     |             |                            |  |                      |                 |                    |
| After listing previous pa    | •  | n this p    | age, number the            | n sequentially from the  | Total claim          | Priority amount | Nonpriority amount |
| 2.2 Internal Re              | evenue Servi                                   | ce          |                            |  | \$2,000.00           | \$2,000.00      | \$0.00             |
| Priority Credito Centralized | r's Name<br>d Insolvency<br>Street             |             | ation                      | <ul> <li>Last 4 digits of account number</li> <li>When was the debt incurred?</li> <li>As of the date you file, the claim</li> <li>Contingent</li> </ul>               | 2017                 | -<br><br>ply.   |                    |
| Philadelph<br>City           | ia   | PA<br>State | <b>19101-7346</b> ZIP Code | Unliquidated Disputed  |                      |                 |                    |
| At least                     | only<br>2 only<br>and Debtor 2 one of the debt | ors and     |                            | Type of PRIORITY unsecured classifications  ☐ Domestic support obligations ☐ Taxes and certain other debts ☐ Claims for death or personal intoxicated ☐ Other. Specify | you owe the governn  | nent            |                    |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 21 of 50

| Debtor 1   | Richard E. Smith, III   | Case number (if known)  |
|--|---|---|
| Part 2:  | List All of Your NONPRIORIT   | Y Unsecured Claims  |
| ☐ N ☑ Y  4. List al If a cre type of             | es  Il of your nonpriority unsecured claims editor has more than one nonpriority unse f claim it is. Do not list claims already inc | I claims against you?  . Submit this form to the court with your other schedules.  in the alphabetical order of the creditor who holds each claim.  cured claim, list the creditor separately for each claim. For each claim listed, identify what luded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2. |
|  |   | Total claim   |
|  | Midwest Health reditor's Name 9246 Street   | Saccount number When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  |
| Debtor Debtor Debtor At least Check Is the clain | State ZIP Code red the debt? Check one. 1 only  | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Medical Bills  |
| Yes  4.2  American Nonpriority C                 | InfoSource LP reditor's Name for T-Mobile Street 248848   | \$1,250.00  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated   |
| Debtor Debtor Debtor At least                    | State ZIP Code red the debt? Check one. 1 only  | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Collection Account   |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 22 of 50

| Debtor 1 Richard E. Smith, III  | Case number (if known)   |             |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsecur  | red Claims Continuation Page   |             |
| After listing any entries on this page, number the previous page.                       | m sequentially from the  | Total claim |
| 4.3   |  | \$627.02    |
| American InfSource LP as agent for  | Last 4 digits of account number  |             |
| Nonpriority Creditor's Name  Direct TV, LLC   | When was the debt incurred?  |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.                   |             |
| PO BOX 51178  | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent                        |             |
|   | — ☐ Disputed   |             |
| Los Angeles         CA         90051-5478           City         State         ZIP Code | - Toward MONDRIODITY was a sound to be for                                     |             |
| Who incurred the debt? Check one.   | Type of NONPRIORITY unsecured claim:   |             |
| Debtor 1 only   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce |             |
| Debtor 2 only   | that you did not report as priority claims                                     |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another                     | Debts to pension or profit-sharing plans, and other similar debts              |             |
| ☐ Check if this claim is for a community debt   | ✓ Other. Specify Collection account  |             |
| Is the claim subject to offset?   | Solicotion account   |             |
| <b>☑</b> No   |  |             |
| ☐ Yes   |  |             |
| 4.4   |  | \$2,902.00  |
| City of Chicago   | Last 4 digits of account number 3 1 7 8  |             |
| Nonpriority Creditor's Name  Department of Revenue                                      | When was the debt incurred?  |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.                   |             |
| BUREAU OF PARKING-BANKRUPTCY  | _ Contingent   |             |
| 121 N. LaSalle St. #107A  | ☐ Unliquidated<br>☐ ☐ Disputed   |             |
| Chicago IL 60602  |  |             |
| City State ZIP Code  Who incurred the debt? Check one.                                  | Type of NONPRIORITY unsecured claim:   |             |
| Debtor 1 only   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce |             |
| Debtor 2 only   | that you did not report as priority claims                                     |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another                     | ☐ Debts to pension or profit-sharing plans, and other similar debts            |             |
| Check if this claim is for a community debt   | Other. Specify   |             |
| Is the claim subject to offset?   | Parking Tickets  |             |
| No  |  |             |
| Yes   |  |             |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 23 of 50

| Debtor 1                | Richard E. Smith, III  | Case number (if known)  |             |
|-------------------------|--|---|-------------|
| Part 2:                 | Your NONPRIORITY Unsecu                                      | red Claims Continuation Page  |             |
| After listin previous p | g any entries on this page, number the age.                  | m sequentially from the   | Total claim |
| 4.5                     |  |   | \$2,000.00  |
| Illinois De             | epartment of Employment Securi                               | Last 4 digits of account number   |             |
| Nonpriority C PO BOX 3  | reditor's Name<br>3637                                       | When was the debt incurred?   |             |
| Number                  | Street   | As of the date you file, the claim is: Check all that apply.  |             |
|                         |  | Contingent Unliquidated   |             |
|                         |  | Disputed  |             |
| Springfie City          | Id         IL         62708           State         ZIP Code | - Toward MONDRIODITY was a sound delain.  |             |
| •                       | red the debt? Check one.                                     | Type of NONPRIORITY unsecured claim:  |             |
| <b>☑</b> Debtor         |  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce  |             |
| Debtor                  | 2 only<br>1 and Debtor 2 only                                | that you did not report as priority claims  |             |
| _                       | t one of the debtors and another                             | Debts to pension or profit-sharing plans, and other similar debts   |             |
| <b>–</b>                | if this claim is for a community debt                        |   |             |
| _                       | n subject to offset?   |   |             |
| <b>√</b> No             |  |   |             |
| Yes                     |  |   |             |
| 4.6                     |  |   | \$1,555.60  |
| Illinois To             | ollway Authority   | Last 4 digits of account number 2 7 2 4   | <u> </u>    |
| Nonpriority C           | reditor's Name   | When was the debt incurred?   |             |
| Number                  | ations Administration Center  Street                         | As of the date you file, the claim is: Check all that apply.  |             |
| 2700 Ogd                |  | _   |             |
|                         |  | Unliquidated  |             |
| Downers                 | Grove IL 60515   | Disputed  |             |
| City                    | State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Debtor                  | red the debt? Check one.  1 only                             | Student loans   |             |
| Debtor                  | •  | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
| Debtor                  | 1 and Debtor 2 only  | Debts to pension or profit-sharing plans, and other similar debts   |             |
|                         | t one of the debtors and another                             | Other. Specify  |             |
| _                       | if this claim is for a community debt                        | Tollway Violations  |             |
|                         | n subject to offset?   |   |             |
| ✓ No<br>☐ Yes           |  |   |             |
| Various                 |  |   |             |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 24 of 50

| Debtor 1 Richard E. Smith, III   | Case number (if known)   |             |
|--|--|-------------|
| Part 2: Your NONPRIORITY Unsecu  | red Claims Continuation Page   |             |
| After listing any entries on this page, number the previous page.                    | em sequentially from the   | Total claim |
| 4.7  |  | \$455.00    |
| Kay Jewelers   | Last 4 digits of account number 0 8 1 0  |             |
| Nonpriority Creditor's Name<br>375 GHENT RD  | When was the debt incurred?  |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.                         |             |
|  | _ ☐ Contingent ☐ Unliquidated  |             |
|  | Disputed   |             |
| FAIRLAWN         OH         44333-4601           City         State         ZIP Code | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.  | Student loans  |             |
| Debtor 1 only  | Obligations arising out of a separation agreement or divorce                         |             |
| Debtor 2 only Debtor 1 and Debtor 2 only   | that you did not report as priority claims   |             |
| At least one of the debtors and another  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify |             |
| Check if this claim is for a community debt  | Goods and services   |             |
| Is the claim subject to offset?  |  |             |
| No Voc   |  |             |
| Yes  |  |             |
| 4.8  |  | \$1,386.00  |
| Merchants Credit Guide Co.   | Last 4 digits of account number  |             |
| Nonpriority Creditor's Name<br>223 W. Jackson Blvd. #700                             | When was the debt incurred?  |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.                         |             |
|  | _ Contingent   |             |
|  | ☐ Unliquidated<br>☐ ☐ Disputed   |             |
| Chicago         IL         60606           City         State         ZIP Code       | — (NONDRIGHTY )  |             |
| Who incurred the debt? Check one.  | Type of NONPRIORITY unsecured claim:  ☐ Student loans                                |             |
| Debtor 1 only  | ☐ Obligations arising out of a separation agreement or divorce                       |             |
| Debtor 2 only Debtor 1 and Debtor 2 only   | that you did not report as priority claims   |             |
| At least one of the debtors and another  | Debts to pension or profit-sharing plans, and other similar debts                    |             |
| Check if this claim is for a community debt  |  |             |
| Is the claim subject to offset?  | Tanadania in Automot Ed Grange memorial 1100p  |             |
| <b>☑</b> No  |  |             |
| Yes  |  |             |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 25 of 50

| Debtor 1 Richard E. Smith, III                                      | Case number (if known)  |                   |
|---|---|-------------------|
| Part 2: Your NONPRIORITY Unsecu                                     | red Claims Continuation Page  |                   |
| After listing any entries on this page, number the previous page.   | em sequentially from the  | Total claim       |
| 4.9   |   | \$2,396.00        |
| United Resource Systems   | Last 4 digits of account number   |                   |
| Nonpriority Creditor's Name 10075 W. Colfax Ave.                    | When was the debt incurred?   |                   |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |                   |
|   | Contingent  |                   |
|   | ☐ Unliquidated ☐ Disputed   |                   |
| Lakewood CO 80215-3907  |   |                   |
| City State ZIP Code  Who incurred the debt? Check one.              | Type of NONPRIORITY unsecured claim:  |                   |
| Debtor 1 only   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce                                |                   |
| Debtor 2 only   | that you did not report as priority claims  |                   |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts   |                   |
| Check if this claim is for a community debt                         | Other. Specify  |                   |
| Is the claim subject to offset?                                     | Collecting for - Schneider Training Academy 14  |                   |
| ✓ No  |   |                   |
| Yes   |   |                   |
| 4.10  |   | <b>\$7,000.04</b> |
|   | Last 4 digits of account number 6 5 9 0   | \$7,036.21        |
| Universal Acceptance Corporation Nonpriority Creditor's Name        | Last 4 digits of account number 6 5 9 0  When was the debt incurred? 05/27/2011                               |                   |
| PO BOX 398104 Number Street   | As of the date you file, the claim is: Check all that apply.  |                   |
| Number Street   | _ Contingent  |                   |
|   | Unliquidated  |                   |
| Edina MN 55439  | Disputed  |                   |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |                   |
| Who incurred the debt? Check one.                                   | Student loans   |                   |
| Debtor 1 only Debtor 2 only   | Obligations arising out of a separation agreement or divorce  |                   |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |                   |
| At least one of the debtors and another                             | Other. Specify  |                   |
| ☐ Check if this claim is for a community debt                       | Vehicle Deficiency  |                   |
| Is the claim subject to offset?                                     |   |                   |
| ☑ No ☐ Yes  |   |                   |
| Vehicle- 1998 Oldsmobile Cutlass 4d Sedan                           |   |                   |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 26 of 50

| Debtor 1 Richard   | d E. Smith, III   |  |   | Case          | number (if known)  |
|--|---|--|---|---------------|--|
| Part 3: List 0   | Others to Be  | Notified Abou  | it a Debt That You Already  | / Lis         | sted   |
| 5. Use this page of<br>For example, if a<br>creditor in Parts<br>debts that you li | nly if you have<br>a collection ag<br>s 1 or 2, then li<br>isted in Parts 1 | others to be noting<br>ency is trying to cost the collection a | fied about your bankruptcy, for a<br>collect from you for a debt you c<br>gency here. Similarly, if you ha<br>itional creditors here. If you do | a de<br>owe t | bt that you already listed in Parts 1 or 2.<br>to someone else, list the original<br>nore than one creditor for any of the<br>have additional parties to be notified for |
| 1st Finl Investmen   | t Fund  |  | On which entry in Part 1 or P   | Part 2        | 2 did you list the original creditor?  |
| Name<br><mark>Attn: Bankruptcy                                    </mark>          | Department  |  | Line of (Check one):  |               | Part 1: Creditors with Priority Unsecured Claims   |
| Number Street<br>3091 Governors La   | ake Dr.   |  | Medical Bills   |               | Part 2: Creditors with Nonpriority Unsecured Claims  |
| Peachtree Corners  | S GA<br>State   | <b>30071</b> ZIP Code  | ─<br>─ Last 4 digits of account numl<br>─   | ber           |  |
| AAI  |   |  | On which entry in Part 1 or P   | Part 2        | ? did you list the original creditor?  |
| Name<br>8668 Spring Mount  | tain Rd.  |  | Line of (Check one):  | П             | Part 1: Creditors with Priority Unsecured Claims   |
| Number Street  |   |  | Collection Account  |               | Part 2: Creditors with Nonpriority Unsecured Claims  |
| Las Vegas<br>City  | NV<br>State   | <b>89117</b> ZIP Code  | Last 4 digits of account numl   | ber           |  |
| Arnold Scott Harris  | s, P.C.   |  | On which entry in Part 1 or P   | Part 2        | 2 did you list the original creditor?  |
| Name<br>Attorneys at Law   |   |  | Line of (Check one):  |               | Part 1: Creditors with Priority Unsecured Claims   |
| Number Street<br>111 West Jackson  | Blvd., Suite  | 600  | Attorneys for- The City of Chicago  |               | Part 2: Creditors with Nonpriority Unsecured Claims  |
| <b>Chicago</b> City  | IL<br>State   | 60604<br>ZIP Code  | Last 4 digits of account numl   | ber           | 3 1 7 8  |
| AT&T Mobility  |   |  | On which entry in Part 1 or P   | Part 2        | 2 did you list the original creditor?  |
| Name<br>c/o AFNI, Inc.   |   |  | Line of (Check one):  | П             | Part 1: Creditors with Priority Unsecured Claims   |
| Number Street<br>PO BOX 3097   |   |  | Collection account  |               | Part 2: Creditors with Nonpriority Unsecured Claims  |
|  |   |  | Last 4 digits of account num  | ber           |  |
| Bloomington<br>City  | IL<br>State   | <b>61702</b> ZIP Code  | _   |               |  |
| ATG Credit   |   |  | On which entry in Part 1 or P   | Part 2        | ? did you list the original creditor?  |
| Name PO Box 14895 Number Street  |   |  | Line of (Check one): Collection account   |               | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims   |
|  |   |  | <ul> <li>Last 4 digits of account num</li> </ul>  | ber           |  |
| Chicago<br>City  | IL<br>State   | <b>60614-0895</b> ZIP Code                                     | _   |               |  |
|  |   |  |   |               |  |

Debtor 1

Richard E. Smith, III

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 27 of 50

| Debtor 1 Richard E.                | Smith, II   | <u> </u>              |  | Case number (if known)   |
|------------------------------------|-------------|-----------------------|--|--|
| Part 3: List Othe                  | rs to B     | e Notified Abo        | ut a Debt That You Already                       | y Listed Continuation Page   |
| Consumer Financial S               | ervices     |                       | On which entry in Part 1 or F                    | Part 2 did you list the original creditor?   |
| Name<br>3849 N CICERO AV           |             |                       |  | Part 1: Creditors with Priority Unsecured Claims   |
| Number Street                      |             |                       | Installment Account —                            | Part 2: Creditors with Nonpriority Unsecured Claims  |
| CUICACO                            |             | COC 44                | <ul> <li>Last 4 digits of account num</li> </ul> | ber  |
| CHICAGO<br>City                    | IL<br>State | <b>60641</b> ZIP Code |  |  |
| Convergent Outsourci               | ng          |                       | On which entry in Part 1 or F                    | Part 2 did you list the original creditor?   |
| Name                               |             |                       | Line of (Check one):                             | Part 1: Craditors with Priority Uncocured Claims   |
| PO BOX 9004<br>Number Street       |             |                       | Collecting for - ComCast                         | <ul><li>□ Part 1: Creditors with Priority Unsecured Claims</li><li>□ Part 2: Creditors with Nonpriority Unsecured Claims</li></ul> |
|                                    |             |                       | ──<br>── Last 4 digits of account num            | ber  |
| Renton                             | WA          | 98057                 | _  |  |
| City                               | State       | ZIP Code              |  |  |
| Credit One Bank                    |             |                       | On which entry in Part 1 or F                    | Part 2 did you list the original creditor?   |
| Name <b>PO BOX 98872</b>           |             |                       | Line of (Check one):                             | Part 1: Creditors with Priority Unsecured Claims   |
| Number Street                      |             |                       | Credit Card                                      | Part 2: Creditors with Nonpriority Unsecured Claims  |
|                                    |             |                       | _  | _  |
| LAS VEGAS                          | NV          | 89193-8872            | <ul> <li>Last 4 digits of account num</li> </ul> | ber <u>4</u> <u>2</u> <u>0</u> <u>7</u>  |
| City                               | State       | ZIP Code              | _  |  |
| Enhanced Recovery C                | ompany      |                       | On which entry in Part 1 or F                    | Part 2 did you list the original creditor?   |
| Name<br>PO BOX 57547               |             |                       | <del>_</del>                                     | Part 1: Creditors with Priority Unsecured Claims   |
| Number Street                      |             |                       | Collection account                               | Part 2: Creditors with Nonpriority Unsecured Claims  |
|                                    |             |                       | _  |  |
| Jacksonville                       | FL          | 32241                 | <ul> <li>Last 4 digits of account num</li> </ul> | ber  |
| City                               | State       | ZIP Code              | _  |  |
| Curala Witald                      |             |                       | On which ontry in Bort 4 or F                    | Don't 2 did you list the evininal available?   |
| Gugala Witold<br>Name              |             |                       | _  | Part 2 did you list the original creditor?   |
| 3120 South Shore Dr. Number Street |             |                       | Lineof (Check one):                              | <b>–</b>   |
|                                    |             |                       | Lawsuit<br>—                                     | Part 2: Creditors with Nonpriority Unsecured Claims  |
| Oak Lawn                           | IL          | 60459                 | <ul> <li>Last 4 digits of account num</li> </ul> | ber  |
| City                               | State       | ZIP Code              | _  |  |
| Irene Villa                        |             |                       | On which entry in Part 1 or F                    | Part 2 did you list the original creditor?   |
| Name c/o IL DEPT OF HC & F         | AM SVS      |                       | Line of (Check one):                             | Part 1: Creditors with Priority Unsecured Claims   |
| Number Street                      | 3.0         |                       | Child Support                                    | Part 2: Creditors with Nonpriority Unsecured Claims  |
| 509 S SIXTH ST                     |             |                       | _  | <u> </u>   |
| SPRINGFIELD                        | IL.         | 62701                 | <ul> <li>Last 4 digits of account num</li> </ul> | ber  |
| City                               | State       | ZIP Code              | <del>_</del>                                     |  |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 28 of 50

| Richard   | E. Smith, II |                            |  | Case number (if known)  |
|---|--------------|----------------------------|--|---|
| Part 3: List Ot   | hers to Be   | Notified About             | a Debt That You Already                                | y Listed Continuation Page  |
| Irene Villa   |              |                            | On which entry in Part 1 or F                          | Part 2 did you list the original creditor?  |
| Name 5360 W. 96th Street Number Street                        |              |                            | Line of (Check one): Child Support                     | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  |
| Oak Lawn<br>City  | IL<br>State  | <b>60453</b> ZIP Code      | Last 4 digits of account num                           | ber   |
| Mathein & Rostoker  | , PC         |                            | On which entry in Part 1 or F                          | Part 2 did you list the original creditor?  |
| Name 410 North May St.  Number Street                         |              |                            | Line of (Check one): Attorney for - State Farm Mutual  | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims  |
| Chicago<br>City   | IL<br>State  | <b>60642</b> ZIP Code      | Last 4 digits of account num                           | ber   |
| MID AMERICA BANI<br>Name<br>5109 S BROADBANI<br>Number Street |              | COMPANY VISA               | •  | Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |
| SIOUX FALLS<br>City   | SD<br>State  | <b>57109</b> ZIP Code      | Last 4 digits of account num                           | ber <u>2</u> <u>0</u> <u>7</u> <u>2</u>   |
| Pinnacle Credit Serv  | /ices        |                            | On which entry in Part 1 or F                          | Part 2 did you list the original creditor?  |
| Name<br>PO BOX 640<br>Number Street                           |              |                            | Line of (Check one): Collection account                | □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims  |
| HOPKINS<br>City   | MN<br>State  | <b>55343-0640</b> ZIP Code | Last 4 digits of account num                           | ber   |
| Prestige Financial S  | ervice       |                            | On which entry in Part 1 or F                          | Part 2 did you list the original creditor?  |
| PO BOX 26707 Number Street                                    |              |                            | Line of (Check one): Deficiency                        | □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims  |
| Salt Lake City  | UT<br>State  | <b>84126-0707</b> ZIP Code | Last 4 digits of account num                           | ber   |
| Professional Accoun   | nt Manageı   | nent                       | On which entry in Part 1 or F                          | Part 2 did you list the original creditor?  |
| Name PO BOX 37038 Number Street                               |              |                            | Line of (Check one): Collecting for - Illinois Tollway | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  |
| Washington  | DC           | 20013-7038                 | Last 4 digits of account num                           | ber   |
| City  | State        | ZIP Code                   | •  |   |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 29 of 50

| Debtor 1 Richard E                  | E. Smith, II | I                          |                                      |                  | Case   | e number (if known)                                 |
|-------------------------------------|--------------|----------------------------|--------------------------------------|------------------|--------|---|
| Part 3: List Ot                     | hers to Be   | e Notified Abo             | ut a Debt That                       | You Already      | / Li:  | sted Continuation Page                              |
| Secretary of State                  |              |                            | On which entry                       | y in Part 1 or F | art :  | 2 did you list the original creditor?               |
| Name <b>Traffic Violations Se</b>   | ction        |                            | Line of                              | (Check one):     | П      | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street 2701 S. Dirksen Pkwy. |              |                            | License Susp                         | pension          | $\Box$ | Part 2: Creditors with Nonpriority Unsecured Claims |
| 2101 O. DIIRSEITI KW                | у.           |                            | _                                    |                  | _      |   |
| Springfield                         |              | 62722                      | <ul> <li>Last 4 digits of</li> </ul> | f account num    | ber    | 3 1 7 8   |
| <b>Springfield</b> City             | IL<br>State  | <b>62723</b> ZIP Code      |                                      |                  |        |   |
| SPRINGLEAF FORM                     | ERLY AGE     | <del>.</del>               | On which entr                        | y in Part 1 or F | art :  | 2 did you list the original creditor?               |
| Name 969 ELMHURST RD                |              |                            | Line of                              | (Check one):     | П      | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                       |              |                            | Installment A                        |                  |        | Part 2: Creditors with Nonpriority Unsecured Claims |
|                                     |              |                            | Last 4 digits of                     | f account num    | ber    |   |
| DES PLAINES                         | IL<br>State  | <b>60016-5601</b> ZIP Code | _                                    |                  |        |   |
| City                                | State        | ZIP Code                   |                                      |                  |        |   |
| Stanislaus Credit Co                | ntrol        |                            | On which entry                       | y in Part 1 or F | art :  | 2 did you list the original creditor?               |
| Name                                |              |                            | Line of                              | (Check one):     | _      | Part 1: Craditors with Priority Unaccured Claims    |
| 914 14TH ST<br>Number Street        |              |                            | Collection ac                        | ,                | Ц      | Part 1: Creditors with Priority Unsecured Claims    |
| PO BOX 480                          |              |                            | —                                    | Joodin           | Ш      | Part 2: Creditors with Nonpriority Unsecured Claims |
|                                     |              |                            | — Last 4 digits of                   | f account num    | ber    |   |
| MODESTO                             | CA           | 95354-1011                 | _                                    |                  |        |   |
| City                                | State        | ZIP Code                   |                                      |                  |        |   |
| State Farm Mutual                   |              |                            | On which entry                       | y in Part 1 or F | art 2  | 2 did you list the original creditor?               |
| Name Attn: Bankruptcy De            | partment     |                            | Line of                              | (Check one):     | П      | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                       | _            |                            |                                      | ,                |        | Part 2: Creditors with Nonpriority Unsecured Claims |
| One State Farm Plaz                 | a            |                            | _                                    |                  | ш      | Tan 2. Greaters with Hendrichty Chesselve Stamps    |
|                                     |              |                            | <ul> <li>Last 4 digits of</li> </ul> | f account num    | ber    |   |
| Bloominton<br>City                  | IL<br>State  | 61710<br>ZIP Code          | _                                    |                  |        |   |
| Oily                                | State        | Zii Code                   |                                      |                  |        |   |
| Universal Acceptance                | е            |                            | On which entry                       | y in Part 1 or F | art :  | 2 did you list the original creditor?               |
| Name 5900 Greek Oak Dr. a           | #101         |                            | Line <b>4.10</b> of                  | (Check one):     | П      | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                       |              |                            |                                      |                  |        | Part 2: Creditors with Nonpriority Unsecured Claims |
|                                     |              |                            | <del>_</del>                         |                  | ىخا    | , ,   |
| BAC                                 | DANI.        | FF0.40                     | Last 4 digits of                     | f account num    | ber    | <u> </u>  |
| Minnetonka<br>City                  | MN<br>State  | <b>55343</b> ZIP Code      | _                                    |                  |        |   |
| •                                   |              |                            |                                      |                  |        |   |
| Village of Hometown                 | 1            |                            | On which entry                       | y in Part 1 or F | art :  | 2 did you list the original creditor?               |
| Name 4331 Southwest High            | hway         |                            | Line of                              | (Check one):     |        | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                       |              |                            | Tickets and v                        | violations       |        | Part 2: Creditors with Nonpriority Unsecured Claims |
|                                     |              |                            | —<br>— Last 4 digits o               | f account num    | ber    | 3 1 7 8   |
| Hometown                            | IL           | 60453                      |                                      |                  |        | <u> </u>  |
| City                                | State        | ZIP Code                   |                                      |                  |        |   |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 30 of 50

| Debtor 1   | Richard E. Sn | nith, II    | <u> </u>               | Case number (if known) out a Debt That You Already Listed Continuation Page |  |                     |  |  |  |
|--|---------------|-------------|------------------------|---|--|---------------------|--|--|--|
| Part 3:  | List Others   | to Be       | e Notified Abo         |   |  |                     |  |  |  |
| Village of Lyons Name Attn: Bankruptcy Dept. Number Street 7801 W. Ogden St. |               |             |                        | •   | Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |                     |  |  |  |
| Lyons<br>City  |               | IL<br>State | 60534-1216<br>ZIP Code | — Last 4 digits   | of account num   | mber <u>3 1 7 8</u> |  |  |  |

#### Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 31 of 50

| Debtor 1 | Richard E. Smith, III                            | Case number (if known) |  |
|----------|--|------------------------|--|
| Part 4:  | Add the Amounts for Each Type of Unsecured Claim |                        |  |

<sup>6.</sup> Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                             |     |   |              | Total claim |
|-----------------------------|-----|---|--------------|-------------|
| Total claims                | 6a. | Domestic support obligations  | 6a.          | \$0.00      |
| from Part 1                 | 6b. | Taxes and certain other debts you owe the government  | 6b.          | \$2,000.00  |
|                             | 6c. | Claims for death or personal injury while you were intoxicated  | 6c.          | \$0.00      |
|                             | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. <b>-</b> | \$4,000.00  |
|                             | 6e. | <b>Total.</b> Add lines 6a through 6d.  | 6d.          | \$6,000.00  |
|                             |     |   |              | Total claim |
| Total claims<br>from Part 2 | 6f. | Student loans   | 6f.          | \$0.00      |
| HOIH FAIL 2                 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.          | \$0.00      |
|                             | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.          | \$0.00      |
|                             | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. <b>-</b> | \$19,715.53 |
|                             | 6j. | <b>Total.</b> Add lines 6f through 6i.  | 6j.          | \$19,715.53 |

Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 32 of 50

| Fill in this inf                | ormation to iden  |                   |                         |  |                                 |  |  |  |  |
|---------------------------------|---|-------------------|-------------------------|--|---------------------------------|--|--|--|--|
| Debtor 1                        | Richard<br>First Name   | E.<br>Middle Name | Smith, III<br>Last Name |  |                                 |  |  |  |  |
| Debtor 2<br>(Spouse, if filing) | First Name  | Middle Name       | Last Name               |  |                                 |  |  |  |  |
| United States Ba                | United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS |                   |                         |  |                                 |  |  |  |  |
| Case number (if known)          |   |                   |                         |  | Check if this is amended filing |  |  |  |  |

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 33 of 50

| Fill in th               | nis information to i  | dentify your case                                     | :  |   |     |
|--------------------------|---|---|--|---|-----|
| Debtor 1                 | Richard   | E.  | Smith, III   | 1   |     |
| Dobtor 1                 | First Name  | Middle Name   | Last Name  |   |     |
| Debtor 2<br>(Spouse,     | if filing) First Name   | Middle Name   | Last Name  |   |     |
|                          |   | r the: NORTHERN D                                     | DISTRICT OF ILLINOIS   |   |     |
|                          |   | ruic. NORTHERN E                                      | MOTIVIOT OF IELINOIO   |   |     |
| Case num<br>(if known)   |   |   |  | Check if this is an amended filing  |     |
| Official                 | Form 106H   |   |  |   |     |
|                          | lle H: Your Code  | ebtors  |  | 12  | /15 |
| needed, co<br>page. On t | py the Additional Page  | , fill it out, and numbe<br>al Pages, write your n    | er the entries in the boxes on                               | the left. Attach the Additional Page to this wn). Answer every question.  se as a codebtor.)  |     |
| □N                       | •   | ( )   |  | ,   |     |
| include                  | e Arizona, California, Ida                                    |   |  | y? (Community property states and territories xas, Washington, and Wisconsin.)  |     |
|                          | o. Go to line 3.<br>es. Did your spouse, for<br>] No<br>] Yes | mer spouse, or legal e                                | quivalent live with you at the tir                           | me?   |     |
| persoi<br>credite        | umn 1, list all of your con<br>shown in line 2 again          | as a codebtor only if<br>ial Form 106D), <i>Sch</i> e | that person is a guarantor or edule E/F (Official Form 106E/ | tor if your spouse is filing with you. List the cosigner. Make sure you have listed the F), or Schedule G (Official Form 106G). Use |     |
| Coi                      | lumn 1: Your codebtor   |   |  | Column 2: The creditor to whom you owe the deb  | ot  |
|                          |   |   |  | Check all schedules that apply:   |     |
| 3.1 <b>De</b>            | borah Hanke   |   |  | Cabadula D. lina  |     |
| Nan                      | ne  |   |  | Schedule D, line  |     |
| Nur                      | nber Street   |   |  | Schedule E/F, line 4.6  |     |
|                          |   |   |  | Schedule G, line  |     |
| City                     |   | State   | ZIP Code   | Illinois Tollway Authority  |     |
| 22 Sn                    | ouse Name Not Ente  | red   |  |   |     |
| 3.2 <b>Sp</b><br>Nan     |   | . • •   |  | Schedule D, line  |     |
| Nur                      | nber Street   |   |  | Schedule E/F, line 4.6  |     |
|                          |   |   |  | Schedule G, line  |     |
| City                     |   | State   | ZIP Code   | Illinois Tollway Authority  |     |

#### Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 34 of 50

|                   | ill in this inform  | ation to ident                      | ify your case:   |                                 |          |            |              |                  |                                   |  |          |
|-------------------|---|-------------------------------------|--|---------------------------------|----------|------------|--------------|------------------|-----------------------------------|--|----------|
|                   |   | Richard                             | E.   | Smith, II                       |          |            |              |                  |                                   |  |          |
|                   | Debtor 1  | First Name                          | Middle Name  | Last Name                       | <u> </u> |            | — Ch         | eck if           | this is:                          |  |          |
| 1                 | Debtor 2<br>(Spouse, if filing)   | First Name                          | Middle Name  | Last Name                       |          |            | _ _          | An a             | amended filing                    |  |          |
|                   | United States Bankr   |                                     |  | DISTRICT OF IL                  | LING     | OIS        |              | A sı             | upplement showing                 | g postpetition                               | n        |
|                   | Case number   |                                     |  |                                 | _        |            |              | cha              | pter 13 income as                 | of the follow                                | ing date |
|                   | (if known)  |                                     |  |                                 |          |            |              | MM               | / DD / YYYY                       |  |          |
|                   | ficial Form 10  |                                     |  |                                 |          |            |              |                  |                                   |  |          |
| Sc                | chedule I: Yo   | ur Income                           |  |                                 |          |            |              |                  |                                   |  | 12/15    |
| inc<br>abo<br>you | ponsible for supply lude information about your spouse. If ur name and case n | out your spouse<br>more space is ne | If you are separ<br>eeded, attach a se<br>. Answer every o | ated and your spender           | ouse     | is not f   | ling with y  | you, c           | lo not include inf                | ormation                                     |          |
| 1.                | Fill in your emplo  |                                     |  |                                 |          |            |              |                  |                                   |  |          |
|                   | If you have more the  |                                     |  | Debtor 1                        |          |            |              | D                | ebtor 2 or non-fili               | ng spouse                                    |          |
|                   | job, attach a separ with information ab                                       |                                     | loyment status   | ✓ Employed Not employ           | ed       |            |              | <b>▼</b>         | . ,                               |  |          |
|                   | additional employe  | ers.                                | ıpation  | Driver                          |          |            |              |                  | , .,                              |  |          |
|                   | Include part-time, s<br>or self-employed w                                    |                                     | loyer's name   | Forest Envelo                   | ре       |            |              |                  |                                   |  |          |
|                   | Occupation may in student or homema applies.                                  | p                                   | loyer's address  | 309 E. Crossro<br>Number Street | oads     | Pkwy       |              | — <del>N</del> u | umber Street                      |  |          |
|                   |   |                                     |  |                                 |          |            |              |                  |                                   |  |          |
|                   |   |                                     |  | Bolingbrook                     |          | IL         | 60440        |                  |                                   |  |          |
|                   |   |                                     |  | City                            |          | State      | Zip Code     | Cit              | ty                                | State Zip                                    | Code     |
|                   |   | How                                 | long employed t  | here? 1 mont                    | h        |            | _            |                  |                                   |  |          |
| Р                 | art 2: Give D   | etails About N                      | onthly Incom   | е                               |          |            |              |                  |                                   |  |          |
|                   | imate monthly inco  | me as of the date                   | you file this forr   |                                 | ning t   | o report   | for any line | e, writ          | e \$0 in the space.               | Include you                                  | ır       |
| If yo             | ou or your non-filing<br>I need more space, a                                 | spouse have more                    | than one employ  | er, combine the inf             | orma     | tion for a | all employe  | ers for          | that person on the                | e lines below                                | v. If    |
|                   |   |                                     |  |                                 |          | For D      | ebtor 1      |                  | For Debtor 2 or non-filing spouse | <u>)                                    </u> |          |
| 2.                | List monthly gros<br>payroll deductions<br>would be.                          |                                     |  |                                 | 2.       | \$         | 2,383.33     | -                | \$0.00                            |  |          |
| 3.                | Estimate and list   | monthly overtime                    | pay.   |                                 | 3.       | +          | \$0.00       | _                | \$0.00                            |  |          |
| 4.                | Calculate gross in  | ncome. Add line                     | 2 + line 3.  |                                 | 4.       | 9          | 2,383.33     | 7 [              | \$0.00                            |  |          |

Official Form 106l Schedule I: Your Income page 1

| Deb | tor 1   | Richard E. Smith, III   |          | Case num               | nber (if known)                   |                         |  |  |
|-----|---|---|----------|------------------------|-----------------------------------|-------------------------|--|--|
|     |   |   |          | For Debtor 1           | For Debtor 2 or non-filing spouse |                         |  |  |
|     | Cop   | by line 4 here  | 4.       | \$2,383.33             | \$0.00                            |                         |  |  |
| 5.  | List  | t all payroll deductions:   |          |                        |                                   |                         |  |  |
|     | 5a.   | Tax, Medicare, and Social Security deductions   | 5a.      | \$0.00                 | \$0.00                            |                         |  |  |
|     | 5b.   | Mandatory contributions for retirement plans  | 5b.      | \$0.00                 | \$0.00                            |                         |  |  |
|     | 5c.   | Voluntary contributions for retirement plans  | 5c.      | \$0.00                 | \$0.00                            |                         |  |  |
|     | 5d.   | Required repayments of retirement fund loans  | 5d.      | \$0.00                 | <u> </u>                          |                         |  |  |
|     | 5e.   | Insurance   | 5e.      | \$0.00                 | \$0.00                            |                         |  |  |
|     | 5f.   | Domestic support obligations  | 5f.      | \$0.00                 | \$0.00                            |                         |  |  |
|     | 5g.   | Union dues  | 5g.      | \$0.00                 | <u>\$0.00</u>                     |                         |  |  |
|     | 5h.   | Other deductions. Specify:  | 5h.+     | \$0.00                 | \$0.00                            |                         |  |  |
| 6.  |   | d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + + 5h.   | 6.       | \$0.00                 | \$0.00_                           |                         |  |  |
| 7.  | Cal   | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.       | \$2,383.33             | \$0.00                            |                         |  |  |
| 8.  | List  | t all other income regularly received:  |          |                        |                                   |                         |  |  |
|     | 8a.   | Net income from rental property and from operating a business, profession, or farm  | 8a.      | \$0.00                 | \$0.00                            |                         |  |  |
|     |   | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   |          |                        |                                   |                         |  |  |
|     | 8b.   | Interest and dividends  | 8b.      | \$0.00                 | \$0.00                            |                         |  |  |
|     | 8c.   | Family support payments that you, a non-filing spouse, or a dependent regularly receive   | 8c.      | \$0.00                 | \$0.00                            |                         |  |  |
|     |   | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  |          |                        |                                   |                         |  |  |
|     | 8d.   | Unemployment compensation   | 8d.      | \$0.00                 | \$0.00                            |                         |  |  |
|     | 8e.   |   | 8e.      | \$0.00                 | \$0.00                            |                         |  |  |
|     | 8f.   | Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. |          |                        |                                   |                         |  |  |
|     |   | Specify:  | 8f.      | \$0.00                 | <u>\$0.00</u>                     |                         |  |  |
|     | _   | Pension or retirement income  | 8g.      | \$0.00                 | \$0.00                            |                         |  |  |
|     | 8h.   | Other monthly income. Specify:  | 8h.      | \$0.00                 | \$0.00                            |                         |  |  |
| 9.  | <b>Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.   |   | 9.       | \$0.00                 | \$0.00                            |                         |  |  |
| 10. | <ol> <li>Calculate monthly income. Add line 7 + line 9.</li> <li>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.</li> </ol>  |   |          | \$2,383.33             | + \$0.00 =                        | \$2,383.33              |  |  |
| 11. | 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. |   |          |                        |                                   |                         |  |  |
|     | Doı   | not include any amounts already included in lines 2-10 or amounts that  | ıt are r | not available to pay e | expenses listed in Sche           | dule J.                 |  |  |
|     | Spe   | ecify:  |          |                        | 11. +                             | \$0.00                  |  |  |
| 12. |   | the amount in the last column of line 10 to the amount in line 11.  |          |                        |                                   | \$2,383.33              |  |  |
|     |   | ome. Write that amount on the Summary of Your Assets and Liabilities applies.   | s and (  | репаіл Statistical Inf | ormation,                         | Combined monthly income |  |  |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 36 of 50

| Debtor 1 |      | 1    | Richard E  | E. Smith, III  | Case number (if known) |  |  |
|----------|------|------|------------|--|------------------------|--|--|
| 13.      | Do y | ou e | expect an  | increase or decrease within the year after you file this form? |                        |  |  |
|          |      | No.  |            | None.  |                        |  |  |
|          |      | Yes  | . Explain: |  |                        |  |  |
|          |      |      |            |  |                        |  |  |

Official Form 106l Schedule I: Your Income page 3

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 37 of 50

| F          | ill in this inform                                  | ation to iden         | tify your case:   |                   | Ch  | eck if this         | ic                             |                               |
|------------|---|-----------------------|---|-------------------|---|---------------------|--------------------------------|-------------------------------|
|            | Debtor 1  | Richard E. Smith, III |   | Cn                |   | ns:<br>ended filing |                                |                               |
|            | Debior 1  | First Name            | Middle Name   | Last Name         |   | A supp              | lement showing  13 expenses as |                               |
| 1          | Debtor 2<br>(Spouse, if filing)                     | First Name            | Middle Name   | Last Name         |   | followin            |                                | s or the                      |
|            | United States Bankr                                 | uptcy Court for th    | ne: NORTHERN DIS  | TRICT OF ILLINOIS | <u>:                                    </u>        | MM / D              | D / YYYY                       | _                             |
|            | Case number<br>(if known)                           |                       |   |                   |   |                     |                                |                               |
| Of         | ficial Form 10                                      | <u>6J</u>             |   |                   |   |                     |                                |                               |
| Sc         | hedule J: Yo  | ur Expens             | es  |                   |   |                     |                                | 12/15                         |
| cor<br>nan | rect information. If<br>ne and case number          | more space is         | ible. If two married pe<br>needed, attach anothe<br>nswer every question. |                   |   |                     |                                |                               |
| _          | Is this a joint case                                |                       | Seriola   |                   |   |                     |                                |                               |
| 1.         |   |                       |   |                   |   |                     |                                |                               |
| 2.         | _ No  | ebtor 2 live in a     | separate household? file Official Form 106J-2                             |                   |   |                     |                                |                               |
|            | Do not list Debtor 1 and Debtor 2.                  |                       | Yes. Fill out this info for each dependent.                               | Dobtor 1          | Dependent's relationship to<br>Debtor 1 or Debtor 2 |                     | Dependent's age                | Does dependent live with you? |
|            | DODIOI 2.   |                       |   | Child             |   |                     | 9                              | ✓ No<br>· ☐ Yes               |
|            | Do not state the de names.                          | ependents'            |   | Child             |   |                     | 8                              | ✓ No<br>Yes                   |
|            |   |                       |   |                   |   |                     |                                | Yes No Yes                    |
|            |   |                       |   |                   |   |                     |                                | No Yes                        |
| 3.         | Do your expenses expenses of peop yourself and your | ole other than        | ✓ No ✓ Yes  |                   |   |                     |                                |                               |
| Р          | art 2: Estima                                       | ate Your Ong          | oing Monthly Expe   | enses             |   |                     |                                |                               |
| to r       |   | of a date after t     | nkruptcy filing date ur<br>he bankruptcy is filed.                        |                   |   |                     |                                |                               |
|            |   |                       | ish government assist<br>on Schedule I: Your In                           | -                 |   |                     | Your expens                    | es                            |
| 4.         |   |                       | penses for your resided   |                   |   | 2                   | 1                              | \$600.00                      |
|            | If not included in                                  | line 4:               |   |                   |   |                     |                                |                               |
|            | 4a. Real estate ta                                  | axes                  |   |                   |   | 2                   | ła                             |                               |
|            | 4b. Property, hon                                   | neowner's, or ren     | ter's insurance   |                   |   | 2                   | 1b                             |                               |
|            | 4c. Home mainte                                     | nance, repair, ar     | d upkeep expenses   |                   |   | 2                   | 1c                             |                               |
|            | 4d. Homeowner's                                     | association or c      | ondominium dues   |                   |   | 2                   | 1d.                            |                               |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 38 of 50

| Deb | tor 1 Richard E. Smith, III   | Case number (if known) |          |  |
|-----|---|------------------------|----------|--|
|     |   | Your expenses          |          |  |
| 5.  | Additional mortgage payments for your residence, such as home equity loans  | 5.                     |          |  |
| 6.  | Utilities:  |                        |          |  |
|     | 6a. Electricity, heat, natural gas  | 6a                     | \$200.00 |  |
|     | 6b. Water, sewer, garbage collection  | 6b                     |          |  |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c                     |          |  |
|     | 6d. Other. Specify:   | 6d.                    |          |  |
| 7.  | Food and housekeeping supplies  | 7.                     | \$475.00 |  |
| 8.  | Childcare and children's education costs  | 8.                     |          |  |
| 9.  | Clothing, laundry, and dry cleaning   | 9.                     | \$40.00  |  |
| 10. | Personal care products and services   | 10.                    | \$55.00  |  |
| 11. | Medical and dental expenses   | 11.                    | \$100.00 |  |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.  | 12.                    | \$235.00 |  |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.                    |          |  |
| 14. | Charitable contributions and religious donations  | 14.                    |          |  |
| 15. | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.   |                        |          |  |
|     | 15a. Life insurance   | 15a                    |          |  |
|     | 15b. Health insurance   | 15b                    |          |  |
|     | 15c. Vehicle insurance  | 15c                    | \$120.00 |  |
|     | 15d. Other insurance. Specify:  | 15d.                   |          |  |
| 16. | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  |                        |          |  |
| 17. | Installment or lease payments:  |                        |          |  |
|     | 17a. Car payments for Vehicle 1   | 17a                    |          |  |
|     | 17b. Car payments for Vehicle 2   | 17b                    |          |  |
|     | 17c. Other. Specify:  | 17c.                   |          |  |
|     | 17d. Other. Specify:  | 17d.                   |          |  |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18.                    | \$350.00 |  |
|     | Child support   |                        |          |  |
| 19. | Other payments you make to support others who do not live with you. Specify:  | 19.                    |          |  |

# Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 39 of 50

| Debtor 1 |          | Richard E. Smith, III  | Case number (if known) |            |
|----------|----------|--|------------------------|------------|
| 20.      |          | r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.  |                        |            |
|          | 20a.     | Mortgages on other property  | 20a                    |            |
|          | 20b.     | Real estate taxes  | 20b                    |            |
|          | 20c.     | Property, homeowner's, or renter's insurance   | 20c                    | _          |
|          | 20d.     | Maintenance, repair, and upkeep expenses   | 20d.                   |            |
|          | 20e.     | Homeowner's association or condominium dues  | 20e.                   |            |
| 21.      | Other    | r. Specify:  | 21. +_                 |            |
| 22.      | Calcu    | ulate your monthly expenses.   |                        |            |
|          | 22a.     | Add lines 4 through 21.  | 22a                    | \$2,175.00 |
|          | 22b.     | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.   | 22b                    |            |
|          | 22c.     | Add line 22a and 22b. The result is your monthly expenses.   | 22c                    | \$2,175.00 |
| 23.      | Calcu    | ulate your monthly net income.   | _                      |            |
|          | 23a.     | Copy line 12 (your combined monthly income) from Schedule I.   | 23a                    | \$2,383.33 |
|          | 23b.     | Copy your monthly expenses from line 22c above.  | 23b. <b>_</b> _        | \$2,175.00 |
|          | 23c.     | Subtract your monthly expenses from your monthly income. The result is your monthly net income.  | 23c                    | \$208.33   |
| 24.      | Do yo    | ou expect an increase or decrease in your expenses within the year after you   | ı file this form?      |            |
|          |          | xample, do you expect to finish paying for your car loan within the year or do you ent to increase or decrease because of a modification to the terms of your mortga | . ,                    |            |
|          | <b>V</b> | No   |                        |            |
|          |          | Yes. Explain here: None.   |                        |            |
|          |          | None.  |                        |            |
|          |          |  |                        |            |

#### Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 40 of 50

| Fill in this information to identify your case: |                       |                          |                         |            |
|---|-----------------------|--------------------------|-------------------------|------------|
| Debtor 1  | Richard<br>First Name | <b>E.</b><br>Middle Name | Smith, III<br>Last Name |            |
| Debtor 2<br>(Spouse, if filing)                 | First Name            | Middle Name              | Last Name               |            |
| United States Bar                               | nkruptcy Court fo     |                          |                         |            |
| Case number (if known)                          |                       |                          |                         | Check if t |

### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

| cor<br>sch | as complete and accurate as possible. If two married people are filing together, both are equally responsible for rect information. Fill out all of your schedules first; then complete the information on this form. If you are filing redules after you file your original forms, you must fill out a new Summary and check the box at the top of this | g amended                          |
|------------|--|------------------------------------|
|            | School de A/D: Property (Official Form 400A/D)   | Your assets Value of what you own  |
| 1.         | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$0.00                             |
|            | 1b. Copy line 62, Total personal property, from Schedule A/B   | <b>45.004.00</b>                   |
|            | 1c. Copy line 63, Total of all property on Schedule A/B  | \$5,634.00                         |
| P          | art 2: Summarize Your Liabilities  | Your liabilities<br>Amount you owe |
| 2.         | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D   | \$0.00                             |
| 3.         | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$6,000.00                         |
|            | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | +\$19,715.53                       |
|            | Your total liabilities   | \$25,715.53                        |
| Р          | art 3: Summarize Your Income and Expenses  |                                    |
| 4.         | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | <b>\$2,383.33</b>                  |
| 5.         | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$2,175.00                         |

Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 41 of 50

| Deb | otor 1   | Richard E. Smith, III   | Case number (if known)                             |      |  |
|-----|--|---|--|------|--|
| P   | art 4  | : Answer These Questions for Administrative and Statistica  | cal Records  |      |  |
| ô.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?   |   |  |      |  |
|     |  | No. You have nothing to report on this part of the form. Check this box and sub Yes   | bmit this form to the court with your other schedu | les. |  |
| 7.  | Wha  | at kind of debt do you have?  |  |      |  |
|     |  | Your debts are primarily consumer debts. Consumer debts are those "incurre family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistic |  |      |  |
|     |  | <b>Your debts are not primarily consumer debts.</b> You have nothing to report on this form to the court with your other schedules.                             | n this part of the form. Check this box and submi  | t    |  |
| 3.  | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  \$2,000.00 |   |  |      |  |
| 9.  | Сор  | y the following special categories of claims from Part 4, line 6 of Schedule E  | E/F:   |      |  |
|     |  |   | Total claim  |      |  |
|     | Fror   | n Part 4 on <i>Schedule E/F,</i> copy the following:  |  |      |  |
|     | 9a.  | Domestic support obligations. (Copy line 6a.)   | \$0.00   |      |  |
|     | 9b.  | Taxes and certain other debts you owe the government. (Copy line 6b.)   | \$2,000.00   |      |  |
|     | 9c.  | Claims for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$0.00   |      |  |
|     | 9d.  | Student loans. (Copy line 6f.)  | \$0.00   |      |  |
|     | 9e.  | Obligations arising out of a separation agreement or divorce that you did not repriority claims. (Copy line 6g.)  | port as <b>\$0.00</b>                              |      |  |
|     | 9f.  | Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | .) <b>+\$0.00</b>                                  |      |  |

9g. Total. Add lines 9a through 9f.

\$2,000.00

### Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 42 of 50

| Fill in this inf                       | formation to i        | dentify your case         | :  |   |
|--|-----------------------|---------------------------|--|---|
| Debtor 1                               | Richard<br>First Name | E.<br>Middle Name         | Smith, III<br>Last Name                              |   |
| Debtor 2<br>(Spouse, if filing)        | First Name            | Middle Name               | Last Name  |   |
| United States Ba                       | nkruptcy Court fo     | or the: <b>NORTHERN D</b> | ISTRICT OF ILLINOIS                                  |   |
| Case number<br>(if known)              |                       |                           |  | Check if this is an amended filing  |
| Official Form                          | 106Dec                |                           |  |   |
| Declaration                            | About an I            | ndividual Debt            | or's Schedules                                       | 12/15   |
| concealing prope<br>\$250,000, or impr | rty, or obtaining     | money or property by      |  | es. Making a false statement,<br>ankruptcy case can result in fines up to<br>and 3571.        |
|  |                       | someone who is NOT        | an attorney to help you fill out                     | hankruntey forms?   |
| No No                                  | or agree to pay .     | someone who is ito        | an attorney to help you his out                      | . Sankruptoy forms:   |
| <u></u>                                | ame of person         |                           |  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| true and corr                          |                       |                           | the summary and schedules at X Signature of Debtor 2 | iled with this declaration and that they are  |
| Date <b>04/</b>                        | 17/2018               |                           | Date   |   |

MM / DD / YYYY

MM / DD / YYYY

### Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 43 of 50

| Fill in this inf                        | ormation to i      | dentify your case         |                               |  |      |
|---|--------------------|---------------------------|-------------------------------|--|------|
| Debtor 1                                | Richard            | E.                        | Smith, III                    |  |      |
|   | First Name         | Middle Name               | Last Name                     | _  |      |
| Debtor 2<br>(Spouse, if filing)         | First Name         | Middle Name               | Last Name                     | _  |      |
|   |                    |                           | ISTRICT OF ILLINOIS           |  |      |
| Case number                             |                    |                           |                               | _  |      |
| (if known)                              |                    |                           |                               | Check if this is an amended filing   |      |
| Official Form                           | 107                |                           |                               |  |      |
|   |                    | A (                       | <del> </del>                  | Deal costs   | ~    |
| Statement o                             | t Financiai        | Affairs for ind           | ividuals Filing for           | вапкгиртсу   | 04/1 |
| Part 1: Giv                             | ve Details Ab      | out Your Marital S        | status and Where You          | Lived Before   |      |
| 1. What is your  ☑ Married ☐ Not marrie | current marital    | status?                   |                               |  |      |
| •                                       | st 3 years, have   | you lived anywhere o      | ther than where you live no   | w?   |      |
| ✓ No  ✓ Yes. List                       | all of the places  | you lived in the last 3 y | ears. Do not include where y  | ou live now.   |      |
| (Community p                            |                    | •                         |                               | community property state or territory?<br>siana, Nevada, New Mexico, Puerto Rico, Texas, |      |
| ☑ No<br>☐ Yes. Mak                      | e sure you fill ou | t Schedule H: Your Co     | debtors (Official Form 106H). |  |      |

### Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 44 of 50

| Deb | otor 1   | Richard E. Smith, III   |  | Case nur   | nber (if known)  |  |
|-----|--|---|--|--|--|--|
| Р   | art 2:   | Explain the Sources of Y  | our Income   |  |  |  |
| 4.  | Fill in the  | u have any income from employn the total amount of income you rece the filling a joint case and you have the fill in the details. | ived from all jobs and all bu  | ısinesses, including par                             | time activities.   | lendar years?  |
|     |  |   | Debtor 1   |  | Debtor 2   |  |
|     |  |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions<br>and exclusions | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions<br>and exclusions |
|     |  | ry 1 of the current year until<br>ı filed for bankruptcy:   | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul> | \$5,000.00 (est.)                                    | ☐ Wages, commissions, bonuses, tips ☐ Operating a business                           |  |
|     |  | calendar year: December 31, 2017 )  | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul> | \$25,000.00 (est.)                                   | ☐ Wages, commissions, bonuses, tips ☐ Operating a business                           |  |
|     |  | ndar year before that:  December 31, 2016 )   | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul> | \$43,552.00  | <ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul> |  |
| 5.  | Did you receive any other income during this year or the two previous calendar years?  Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1. |   |  |  |  |  |
|     | List ead   | ch source and the gross income fro  | m each source separately.  | Do not include income                                | that you listed in line 4.   |  |
|     | ✓ No<br>☐ Yes  | s. Fill in the details.   |  |  |  |  |

Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 45 of 50

| Deb | otor 1                             | Richard E. Smith, III  | Case number (if known)  |
|-----|------------------------------------|--|---|
| P   | art 3:                             | List Certain Payments You Made Befo  | re You Filed for Bankruptcy   |
| 6.  | Are eith                           | er Debtor 1's or Debtor 2's debts primarily consu  | mer debts?  |
|     | □ No.                              | Neither Debtor 1 nor Debtor 2 has primarily co   | nsumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as family, or household purpose."  |
|     |                                    | During the 90 days before you filed for bankrupto  | y, did you pay any creditor a total of \$6,425* or more?  |
|     |                                    | ☐ No. Go to line 7.  |   |
|     |                                    | total amount you paid that creditor. Do  | id a total of \$6,425* or more in one or more payments and the not include payments for domestic support obligations, such as include payments to an attorney for this bankruptcy case.   |
|     |                                    | * Subject to adjustment on 4/01/19 and every 3 ye  | ears after that for cases filed on or after the date of adjustment.   |
|     | ✓ Yes.                             | Debtor 1 or Debtor 2 or both have primarily co   | nsumer debts.   |
|     |                                    | During the 90 days before you filed for bankrupto  | y, did you pay any creditor a total of \$600 or more?   |
|     |                                    | No. Go to line 7.  |   |
|     |                                    |  | id a total of \$600 or more and the total amount you paid that omestic support obligations, such as child support and alimony. In orney for this bankruptcy case.   |
| 7.  | Insiders<br>corporati<br>agent, in | include your relatives; any general partners; relative ions of which you are an officer, director, person in o | ake a payment on a debt you owed anyone who was an insider? es of any general partners; partnerships of which you are a general partner; control, or owner of 20% or more of their voting securities; and any managing oprietor. 11 U.S.C. § 101. Include payments for domestic support obligations |
|     | ✓ No<br>☐ Yes.                     | List all payments to an insider.   |   |
| 8.  |                                    | year before you filed for bankruptcy, did you mad an insider?  | ake any payments or transfer any property on account of a debt that   |
|     | Include p                          | payments on debts guaranteed or cosigned by an in  | sider.  |
|     | ✓ No<br>☐ Yes.                     | List all payments that benefited an insider.   |   |

Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 46 of 50

| Debtor 1   |  | Richard E. Smith, III  | Case number (if known)   |  |  |  |
|--|--|--|--|--|--|--|
| Part 4:  |  | Identify Legal Actions, Repossessions, and Foreclosures  |  |  |  |  |
| 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administ<br>List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity<br>modifications, and contract disputes. |  | such matters, including personal injury cases, small claims actions, divorce   |  |  |  |  |
|  | <ul><li>✓ No</li><li>✓ Yes. Fill in the details.</li></ul> |  |  |  |  |  |
| 10.  | seized,  | I year before you filed for bankruptcy, was any of your property reposor levied?<br>Ill that apply and fill in the details below.            | ssessed, foreclosed, garnished, attached,  |  |  |  |
|  |  | Go to line 11.  Fill in the information below.   |  |  |  |  |
| 11.  |  | 90 days before you filed for bankruptcy, did any creditor, including a l<br>s from your accounts or refuse to make a payment because you owe | The state of the s |  |  |  |
|  | ✓ No<br>☐ Yes  | . Fill in the details.   |  |  |  |  |
| 12.  |  | l year before you filed for bankruptcy, was any of your property in the<br>s, a court-appointed receiver, a custodian, or another official?  | e possession of an assignee for the benefit of   |  |  |  |
|  | ✓ No<br>☐ Yes  |  |  |  |  |  |
| Pa   | art 5:   | List Certain Gifts and Contributions   |  |  |  |  |
| 13.  | Within 2   | 2 years before you filed for bankruptcy, did you give any gifts with a to  | otal value of more than \$600 per person?  |  |  |  |
|  | ✓ No<br>☐ Yes  | . Fill in the details for each gift.   |  |  |  |  |
| 14.  | Within 2<br>to any o                                       | 2 years before you filed for bankruptcy, did you give any gifts or contribatity?   | ibutions with a total value of more than \$600   |  |  |  |
|  | ✓ No<br>☐ Yes  | . Fill in the details for each gift or contribution.   |  |  |  |  |
| Pa   | art 6:   | List Certain Losses  |  |  |  |  |
| 15.  |  | l year before you filed for bankruptcy or since you filed for bankruptc<br>saster, or gambling?  | y, did you lose anything because of theft, fire,   |  |  |  |
|  | ✓ No<br>☐ Yes  | . Fill in the details.   |  |  |  |  |

Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 47 of 50

| Deb | otor 1        | Richard E. Smith, III   | Case number (if known)  |
|-----|---------------|---|---|
| Pa  | art 7:        | List Certain Payments or Transfers  |   |
| 16. |               | 1 year before you filed for bankruptcy, did you or an<br>you consulted about seeking bankruptcy or prepari            | yone else acting on your behalf pay or transfer any property to ng a bankruptcy petition?                 |
|     | Include       | any attorneys, bankruptcy petition preparers, or credit c   | ounseling agencies for services required for your bankruptcy.   |
|     | ✓ No<br>☐ Yes | s. Fill in the details.   |   |
| 17. |               | 1 year before you filed for bankruptcy, did you or an<br>who promised to help you deal with your creditors            | yone else acting on your behalf pay or transfer any property to<br>or to make payments to your creditors? |
|     | Do not i      | nclude any payment or transfer that you listed on line 10   | 5.  |
|     | ✓ No<br>☐ Yes | s. Fill in the details.   |   |
| 18. |               | 2 years before you filed for bankruptcy, did you sell,<br>y transferred in the ordinary course of your busines        | trade, or otherwise transfer any property to anyone, other than s or financial affairs?                   |
|     |               | both outright transfers and transfers made as security (<br>nclude gifts and transfers that you have already listed o | such as granting of a security interest or mortgage on your property). n this statement.                  |
|     | ✓ No<br>☐ Yes | s. Fill in the details.   |   |
| 19. |               | 10 years before you filed for bankruptcy, did you trans a beneficiary? (These are often called asset-protect          | nsfer any property to a self-settled trust or similar device of which tion devices.)                      |
|     | ✓ No<br>☐ Yes | s. Fill in the details.   |   |
| Pa  | art 8:        | List Certain Financial Accounts, Instrum  | ents, Safe Deposit Boxes, and Storage Units   |
| 20. |               | 1 year before you filed for bankruptcy, were any fina<br>closed, sold, moved, or transferred?                         | ncial accounts or instruments held in your name, or for your  |
|     |               | checking, savings, money market, or other financial accepension funds, cooperatives, associations, and other fi       | counts; certificates of deposit; shares in banks, credit unions, brokerage nancial institutions.          |
|     | ✓ No<br>☐ Yes | s. Fill in the details.   |   |
| 21. | -             | now have, or did you have within 1 year before you urities, cash, or other valuables?                                 | filed for bankruptcy, any safe deposit box or other depository  |
|     | ✓ No<br>☐ Yes | s. Fill in the details.   |   |
| 22. | <b>☑</b> No   |   | an your home within 1 year before you filed for bankruptcy?   |
|     | ☐ Yes         | s. Fill in the details.   |   |

## Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 48 of 50

| Deb | otor 1   | Richard E. Smith, III   | Case number (if known)                        |  |  |  |  |
|-----|--|---|---|--|--|--|--|
| P   | art 9:   | Identify Property You Hold or Control for Someone Else  |   |  |  |  |  |
| 23. | •  | hold or control any property that someone else owns? Include any prolin trust for someone.  | perty you borrowed from, are storing for,     |  |  |  |  |
|     | ☑ No<br>□ Yes  | s. Fill in the details.   |   |  |  |  |  |
| P   | art 10:  | Give Details About Environmental Information  |   |  |  |  |  |
| For | the purp   | pose of Part 10, the following definitions apply:   |   |  |  |  |  |
| ı   | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |   |   |  |  |  |  |
|     | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.   |   |   |  |  |  |  |
|     |  | us material means anything an environmental law defines as a hazardouce, hazardous material, pollutant, contaminant, or similar item. | s waste, hazardous substance, toxic           |  |  |  |  |
| Rep | ort all n  | otices, releases, and proceedings that you know about, regardless of wh   | en they occurred.                             |  |  |  |  |
| 24. | Has any<br>law?  | y governmental unit notified you that you may be liable or potentially lial   | ole under or in violation of an environmental |  |  |  |  |
|     | ✓ No<br>☐ Yes  | s. Fill in the details.   |   |  |  |  |  |
| 25. | ✓ No   | ou notified any governmental unit of any release of hazardous material? s. Fill in the details.                                       |   |  |  |  |  |
| 26. | Have you   | ou been a party in any judicial or administrative proceeding under any e  | nvironmental law? Include settlements and     |  |  |  |  |
|     | ✓ No   | s. Fill in the details.   |   |  |  |  |  |

## Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 49 of 50

| Deb   | tor 1   |           | Richard E. Smith, III   |  | Case number (if known)   |  |  |  |
|---|---|-----------|---|--|--|--|--|--|
| Pa  | art 1   | 11:       | Give Details About Your Busines   | s or Connections to A                              | ny Business  |  |  |  |
| 27.   | 7. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? |           |   |  |  |  |  |  |
|   |   |           | A sole proprietor or self-employed in a trade. A member of a limited liability company (LLC A partner in a partnership An officer, director, or managing executive of An owner of at least 5% of the voting or equi | C) or limited liability partnersh of a corporation |  |  |  |  |
|   | -   |           | None of the above applies. Go to Part 12.  Check all that apply above and fill in the det   | tails below for each business                      |  |  |  |  |
| 28.   |   |           | e years before you filed for bankruptcy, did<br>cial institutions, creditors, or other parties  | -  | ent to anyone about your business? Include   |  |  |  |
|   | _   | No<br>Yes | . Fill in the details below.  |  |  |  |  |  |
| Pa  | art 1   | 12:       | Sign Below  |  |  |  |  |  |
| have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury hat answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |   |           |   |  |  |  |  |  |
| \ <u>/</u>  | s/ R  | icha      | ard E. Smith, III X   |  |  |  |  |  |
| F   | Richa   | ard E     | . Smith, III, Debtor 1  | Signature of Debtor 2                              |  |  |  |  |
| [   | Date  |           | 04/17/2018  | Date   |  |  |  |  |
| Did   | you   | atta      | ch additional pages to Your Statement of Fi   | inancial Affairs for Individu                      | als Filing for Bankruptcy (Official Form 107)?   |  |  |  |
| <b>₫</b>  | No<br>Yes   |           |   |  |  |  |  |  |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?   |   |           |   |  |  |  |  |  |
| <u> </u>  | No<br>Voc   | No        | me of person  |  | Attach the Pankruntov Potition Propagation Nation  |  |  |  |
| _   | 1 <del>C</del> S.   | INd       | IIE 01 PEISUII  |  | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119). |  |  |  |

Case 18-11157 Doc 1 Filed 04/17/18 Entered 04/17/18 14:55:28 Desc Main Document Page 50 of 50

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Richard E. Smith, III CASE NO

CHAPTER 13

### **VERIFICATION OF CREDITOR MATRIX**

|        | The above | named Deb | tor hereby ve | erifies that | the attached | l list of cred | ditors is true a | and correct to | the best of | his/her |
|--------|-----------|-----------|---------------|--------------|--------------|----------------|------------------|----------------|-------------|---------|
| knowle | edge.     |           |               |              |              |                |                  |                |             |         |
|        |           |           |               |              |              |                |                  |                |             |         |

| Date 4/17/2018 | Signature //s/ Richard E. Smith, III  Richard E. Smith, III |
|----------------|---|
| Date           | Signature   |